APPLICATION FOR EMPLOYMENT

PRIVATE AND CONFIDENTIAL

APPLICANTS NAME: ____

DATE OF APPLICATION: ____

POSITION APPLIED FOR: ____

CATEGORY: Full Time ☐ Part Time ☐ Casual ☐

PLEASE ENSURE YOU ANSWER ALL QUESTIONS IN THIS FORM CLEAR (NEATLY & LEGIBLY) - YOUR APPLICATION MAY NOT BE CONSIDERED IF YOU DO NOT PROVIDE ALL THE INFORMATION REQUESTED

Personal Details & Information

Last Name		**First Name**	
Current Physical Address			
			Postcode
Postal Address (leave blank if same as above)			
			Postcode
Telephone / Mobile		**Date of Birth**	**Age**
Email address			
Nationality		**Languages Spoken**	
Do you hold a current Driver's License? (√)	**State**	**Class**	**Expiry Date**
YES ( ) NO ( ) **Do you have your own vehicle? Yes / No**			
Emergency Contact		**Relationship**	**Emergency Contact Phone #**
Emergency Contact Address			
			Postcode

Work Rights in Australia

Are you legally entitled to work in Australia?

☐ Yes, I am an Australian / New Zealand citizen or permanent resident

☐ Yes, I hold a valid work VISA TYPE: ________________ EXPIRY DATE: _____________________

☐ No **(If No, do not continue with this Application form, as we cannot legally employ you)**

** Please note that you will be asked to provide evidence of citizenship, permanent residency or working VISA if employed by the company via our TANDA Onboarding process.

Education, Training and Qualifications

Name of the Institute	Course Name	Year Completed	Qualification Achieved

****Please note that you will be required to provide copies of any relevant education awards, training certificates, licenses or qualifications listed above for verification purposes.**

HOSPITALITY HYGIENE FOR FOOD HANDLERS: MANDATORY TRAINING REQUIREMENTS COME INTO EFFECT FROM 8 DECEMBER 2023 AND APPLY TO ALL HOSPITALITY VENUES IN WESTERN AUSTRALIA (INCLUDING OUR RESORT). If you are applying for a role in Food & Beverage or the Kitchen you WILL require this new qualification, prior to commencing work. Training details are available on the Australian Hotels Association (WA) website: https://ahawatraining.com.au/courses/foodhandlers/

Details of Previous Employment or Work Experience (Please attach a copy of your current Resume)

***Please attach a copy of your current Resume / Curriculum Vitae** that details all of your work history in the last 10 years, including:- Dates (to & from); Employer/Company employed by; Position Held; Duties performed and Reasons for Leaving*

Have you been previously employed by this company or at the resort? YES ☐ No ☐

If yes, Dates Employed: ______________________ Job Position: __________________________________

Who was your Manager/Supervisor? ____

Reason for Leaving: ____

List Three Professional Referees

Name	Company	Address	Position	Current Phone #

** Please note that by providing the contact details of the above professional referees, you are also providing your consent for us to contact the professional referees to discuss your suitability for this position. Where possible, the professional referee should be someone who knows you in a work capacity and not a direct family member

General Statement and Conditions of Employment

In signing this Application for Employment, I solemnly declare that each and every answer provided is true and accurate, to the best of my knowledge and belief. I understand that false or misleading answers may result in termination of my employment.

I further understand that, if I am offered a position with Mantarays Ningaloo Beach Resort or the Company (MBNR Operations Pty Ltd), that:

1. Employment is conditional to accepting the terms and conditions of the Hospitality Industry (General) Award 2020 (commonly referred to as the HIGA) that aligns to the relevant position classification, position description and type of employment offered. Award-Free positions will be offered an Employment Agreement by the employer.

2. The HIGA is available to view online via the Fair Work website www.fairwork.gov.au.

3. I also have ready access to the Fair Work Information Statement at www.fairwork.gov.au and understand that a copy will also be provided on confirmation of my employment during the Onboarding process.

4. I will be notified at the completion of my three or six month probationary period (as applicable) if I have been assessed as suitable for this position and that my employment is to continue.

____ /_____ /_____

Print Name **Signature** **Date**

MNBR PRE-EMPLOYMENT MEDICAL QUESTIONNAIRE (Page 1 of 3)

PURPOSE: Our company / business has a duty of care to provide and maintain a safe working environment so far as is practicable and ensure employees are not exposed to hazards. This three (3) page form allows us to obtain relevant medical information so we can ensure as much as possible that you are a suitable physical and medical match to the role for which you are applying for and can carry out the role without the risk of harm to yourself or others. Please note that it is discriminatory to deny a person employment solely because they have a disability or illness and that is not the intention of this questionnaire. You need to honest in your responses.

Important Information:

- Please ensure you are aware of the inherent physical requirements of the role you are applying for before completing this form.
- If you have any difficulties with any of the questions in this form, please discuss them with your treating Doctor.
- All details provided on this form are treated as strictly confidential and will be kept in a personal file (if successful with your application) or destroyed appropriately if not used for employment purposes.

Personal Details: *Please complete your personal details for this medical questionnaire*

Last Name	**First Name**	
Current Address		
		Postcode
Telephone / Mobile	**Date of Birth**	**Age**
Treating / Family / Doctor	**Doctor Contact Details**	
Emergency Contact	**Relationship**	**Emergency Contact Telephone**
Position/s Applying For:		

Medical Details:

	Please Tick (√)		**If Yes, please explain**
Are you currently receiving any medical treatment for any illness, injury or medical conditions?	☐ **Yes**	☐ **No**	
Do you have any pre-existing / chronic / long term injuries or illness?	☐ **Yes**	☐ **No**	
Have you been hospitalized and / or had any operation?	☐ **Yes**	☐ **No**	
Are you taking any medications that can impact on your ability to work?	☐ **Yes**	☐ **No**	
Have you had any prolonged time off work in the last year due to injury or illness?	☐ **Yes**	☐ **No**	
Do you have a current Worker's Compensation claim?	☐ **Yes**	☐ **No**	
Have you had a Worker's Compensation claim or a work-related injury or illness in the past?	☐ **Yes**	☐ **No**	
Do you have any known allergies to Medication or Food or Other? Please provide details:	☐ **Yes**	☐ **No**	

MNBR PRE-EMPLOYMENT MEDICAL QUESTIONAIRE (Page 2 of 3)

Please tick (√) in the box beside any condition/s that you have now or have had at any time in your life:							
☐	Back pain/ injury	☐	Neck pain/ injury	☐	Knee pain/ injury	☐	Repetitive strain/ overuse injury
☐	Blood Pressure	☐	Lung problems/ Asthma/ Bronchitis	☐	Tuberculosis	☐	Hernia
☐	Fits/ Seizures/ Blackouts	☐	Persistent or frequent headaches/ migraines	☐	Diabetes (sugar)	☐	Any joint problems/ fractures
☐	Dizziness/fainting	☐	Arthritis/Rheumatism	☐	Heart trouble/angina	☐	Speech impairment
☐	Anxiety/Depression	☐	Mental or nervous troubles	☐	Loss of hearing/ ringing in the ears	☐	Visual impairments
☐	Stomach problems	☐	Hepatitis/ Jaundice/ Liver trouble	☐	Skin disorder/ Dermatitis	☐	Infectious disease
Please comment below on those you have ticked:							

Please tick (√) any activities listed below that you have difficulty with:							
☐	Crouching/ bending/ kneeling	☐	Walking on uneven ground	☐	Standing for up to 30 minutes	☐	Sitting for up to 20 minutes
☐	Working above shoulder height	☐	Repetitive movements of the hand or arms	☐	Walking up or down stairs	☐	Lifting heavy weights above 15kg
☐	Wearing protective personal equipment	☐	Working in hot/ cold extremes	☐	Climbing ladders	☐	Shift work
☐	Working at heights	☐	Confined spaces	☐	Operating machinery	☐	Using hand tools
Please comment on those you have ticked:							

Have you had any exposure to the following in your past jobs?			If Yes, please explain
Loud Noise/ Explosives / Gunfire	☐ Yes	☐ No	
Asbestos	☐ Yes	☐ No	
Toxic or Hazardous Chemicals	☐ Yes	☐ No	
Radiation	☐ Yes	☐ No	
Dust	☐ Yes	☐ No	

Are you aware of any circumstances relating to your health or capacity to work that have not already been mentioned that would interfere with your ability to perform the duties of the position? ☐ Yes ☐ No

If Yes, please outline below:

MNBR PRE-EMPLOYMENT MEDICAL QUESTIONNAIRE (Page 3 of 3)

Important Notice:

The Western Australia Workers Compensation and Injury Management Act 2023, gives the Worker's Compensation Dispute Resolution Body discretion, to refuse to award compensation which would otherwise be payable, where it is proved that the worker has at the time of seeking or entering employment, willfully and falsely represented themselves as not having previously suffered from the injury/illness/disability, which is the subject of the claim for Compensation.

Declaration related to Pre-Employment Medical Questionnaire:

I solemnly declare that each and every answer provided in this Pre-Employment Medical Questionnaire, is true, honest and accurate to the best of my knowledge and belief. I understand and acknowledge that any false or misleading information may result in termination of employment.

____ /_____ /_____

Print Name **Signature** **Date**