



Bolduans Bay Oysters Pty. Ltd.

INCORPORATED IN TASMANIA ACN 009 573 111

PRODUCERS OF TASMANIAN PACIFIC OYSTERS

PO Box 84

DEPOT: West Esplanade

SMITHTON TAS. 7330

Phone (03) 6452 2262

Fax (03) 6452 2856

Mobile (0419) 522262

Mobile (0408) 522262

EMPLOYMENT APPLICATION FORM

PERSONAL PARTICULARS

Surname: _____ Given Names: _____

Home Address: _____

Postal Address: _____

Home Phone No: _____ Date of Birth: _____ Married / Single (circle)

Drivers Licence: Yes No Class: _____ Expiry: _____

PREVIOUS EMPLOYMENT

NAME OF EMPLOYER	PERIOD OF EMPLOYMENT	POSITION	REASON FOR LEAVING

APPLICANT'S QUESTIONNAIRE

Do you wear spectacles / contact lenses? Yes No Do you smoke? Yes No

Have you any disabilities? Yes No

If yes, give brief details: -----

Do you have, or have you ever had any of the following? (Circle yes or no and if yes, give brief details)

Fractures YES / NO _____

Back Pain or other back complaint YES / NO _____

Fainting episodes or fits YES / NO _____

Allergies YES / NO _____

Joint trouble YES / NO _____

Neck trouble YES / NO _____

Tenosynovitis YES / NO _____

Muscular problems YES / NO _____

Mental or nervous disorder YES / NO _____

Any other condition YES / NO _____

WORKERS COMPENSATION HISTORY

If you have ever claimed Workers Compensation, please complete details below.

YEAR	INJURY	EMPLOYER

SCHOOL RESULTS: _____

CHARACTER REFERENCES:

NAME: _____ RELATIONSHIP TO APPLICANT: _____ CONTACT TELEPHONE NUMBER: _____

TYPE OF EMPLOYMENT SOUGHT

Full Time/Permanent Work After School Work Summer/Vacation Work

DECLARATION

I hereby certify that the foregoing particulars are to the best of my knowledge correct and I am aware that any inaccurate statement made, or information withheld may result in a forfeiture of Workers Compensation benefits or termination of my employment.

(Signature of Applicant)

(Date)