



### Employment Application

#### PERSONAL DETAILS:

Mr  Ms  Miss Surname: \_\_\_\_\_ First Name: \_\_\_\_\_

Residential address: \_\_\_\_\_

Suburb: \_\_\_\_\_ State: \_\_\_\_\_ Postcode: \_\_\_\_\_

Phone numbers: (H): \_\_\_\_\_ (M): \_\_\_\_\_

E-mail address: \_\_\_\_\_

Are you legally entitled to work in Australia?  Yes  No

If no, what type of visa do you hold? \_\_\_\_\_

Do you hold an Australian Drivers Licence?  Yes  No

#### EDUCATION DETAILS:

School/Institution attended	From	To	Level achieved

Are you currently studying?  Yes  No If yes, please specify: \_\_\_\_\_

What is your mode of study?  Full time  Part time  External

#### EMPLOYMENT PREFERENCES:

Preferred Location:  Rigters Supa IGA  Queens Supa IGA  Wonthella Supa IGA

Preferred Status:  Full time  Part-time  Casual

Please tick your preferred position(s):

**Management**

- Store Manager
- Department Manager

**Service Assistant**

- Checkout
- Produce
- Meat
- Deli
- Bakery
- Grocery
- Seafood

**Tradesperson**

- Qualified Butcher
- Qualified Baker
- Qualified Pastry Cook

**Apprenticeship**

- Butcher
- Baker

**Traineeship**

- Retail Traineeship

**Warehouse**

- Warehouse Supervisor
- Warehouse Store Person
- Nightfill

**Other**

- Merchandising
- Support Office
- Stock Taker
- Other (please specify) \_\_\_\_\_



# Queens Supermarkets (WA) Pty Ltd

Trading as

Rigters Supa IGA, Queens Supa IGA & Wonthella Supa IGA



## AVAILABILITY:

Please specify the days you are available by placing a tick in the appropriate boxes below.

(Please note, you would be not required to work the specified times, only during that time frame.)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning (6am-12pm)							
Afternoon (12pm-6pm)							
Evening (6pm-6am)							

Please provide details of any hobbies, sports or other recreational activities that may affect your availability for work: \_\_\_\_\_

If required, are you prepared to work overtime?  Yes  No

When are you available to start work? \_\_\_\_\_

## EMPLOYMENT HISTORY:

Please specify your employment history (most recent first)

Employer	Date from	Date to	Position	Reason for leaving

Have you previously been employed by Queens Supermarkets (WA) Pty Ltd or Supa IGA?  Yes  No

If yes, please provide details:

Store Name: \_\_\_\_\_

Position Held: \_\_\_\_\_ Reporting to: \_\_\_\_\_

Period of Employment - From: \_\_\_\_\_ Date: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

Do you have any objection to inquiries of your present employer regarding qualifications and character?  Yes  No

## GENERAL INFORMATION:

Have you ever had a criminal offence proved against you?  Yes  No

If yes, please provide details: \_\_\_\_\_

Have you ever been dismissed/terminated for dishonesty, or been the subject of an investigation that resulted in your resignation?  Yes  No

If yes, please provide details: \_\_\_\_\_

If you are successful in gaining employment, do you agree to complete a pre-start online induction, as part of your training, before commencing your employment?  Yes  No



**PHYSICAL CAPACITY:**

Do you suffer from any serious illness, disease or disorder?  Yes  No

If yes, please provide details: \_\_\_\_\_

Do you have any physical condition or disability which may preclude your ability to perform or limit the particular position for which you are applying?  Yes  No

If yes, please provide details: \_\_\_\_\_

Have you ever had any work related injuries?  Yes  No

Have you ever made a Workers Compensation claim?  Yes  No

If yes, please provide details below:

Date of injury: \_\_\_\_\_

Type of injury: \_\_\_\_\_

Employer at time of injury: \_\_\_\_\_

Job position at time of injury: \_\_\_\_\_

Amount of time off work: \_\_\_\_\_

Final Medical clearance received: \_\_\_\_\_

Current limitations: \_\_\_\_\_

**REFERENCES:**

Please provide three work related references (preferably direct supervisor). Students may use teachers or tutors.

1.	Name		Title	
	Company		Phone Number	
2.	Name		Title	
	Company		Phone Number	
3.	Name		Title	
	Company		Phone Number	

**RELATIONSHIP TO OTHER EMPLOYEES:**

Please list the names of any relatives who currently work within Queens Supermarkets (WA) Pty Ltd or Supa IGA.

Name	Position	Store Name	Relationship

Please list any other current employees you know: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



**DECLARATION**

Your signature below indicates your consent to the use and disclosure of your personal information as indicated above.

In applying for employment with Queens Supermarkets (WA) Pty Ltd hereafter referred to as “the Company”, you agree to the following:

- I can provide evidence that I am qualified to work in Australia (e.g. birth certificate, evidence of citizenship, working visa).
- I confirm that the information given on this form is true and complete and understand that the provision of wrong or misleading information may result in disciplinary action up to and including termination of employment.
- I consent to the Company contacting my referees and using, disclosing and storing the information obtained from my referees to assess my suitability for my employment with the Company.
- If required, I agree to undergo a pre-placement and subsequent health assessment with a medical provider nominated by the Company to assess my physical capacity to carry my duties.
- I agree that any monies owing to the company shall be deducted from my pay at the discretion of the Company.
- I agree to abide by all employment conditions, company policies, procedures and safety requirements.
- I understand that failure to disclose details of a previous medical condition or Workers’ Compensation claim may disqualify me from receiving compensation under the Workers’ Compensation and Rehabilitation Act of 1981 (as amended) in respect to any aggravation, exacerbation, deterioration of such a medical condition.
- I agree that the Company reserves the right to have me perform duties or roles other than those I was originally hired to do and may transfer me to a different operation, function or location. Should I be transferred I agree to work in any location operated by the Company under the terms and conditions of that site.

Applicant Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

(if under 18)

**CONTACT US**

Please forward completed application to your preferred store via any of the details below. Please note, if you would like to apply at multiple stores you will need to send multiple applications.

**Rigters Supa IGA:**

In Person: 179 Durlacher Street Geraldton WA 6530  
 Post: PO Box 1695 Geraldton WA 6531  
 Fax: 08) 9921 3682  
 Email: [rigterssupaiga@rigterssupermarkets.com.au](mailto:rigterssupaiga@rigterssupermarkets.com.au)

**Queens Supa IGA:**

In Person: 79 Durlacher Street Geraldton WA 6530  
 Post: PO Box 1695 Geraldton WA 6531  
 Fax: 08) 9964 5318  
 Email: [queenssupaiga@rigterssupermarkets.com.au](mailto:queenssupaiga@rigterssupermarkets.com.au)

**Wonthella Supa IGA:**

In Person: 252 Fifth Street Wonthella WA 6530  
 Post: PO Box 1695 Geraldton WA 6531  
 Fax: 08) 9964 3111  
 Email: [wonthellasupaiga@rigterssupermarkets.com.au](mailto:wonthellasupaiga@rigterssupermarkets.com.au)