



QUEENSLAND CHAMBER OF FRUIT AND VEGETABLE INDUSTRIES CO-OPERATIVE LIMITED
APPLICATION FOR EMPLOYMENT AT THE BRISBANE MARKETS

PERSONAL DETAILS

Family name _____ First Name(s) _____

Address: _____ Postcode _____

Telephone No. (Home) _____ (Work) _____ (Other contact no.) _____

TYPE OF EMPLOYMENT SOUGHT (please tick ✓)

- Store Worker Forklift Driver Office Worker Salesperson
 Other position (please specify) _____

PREFERRED HOURS (please tick ✓)

- Full Time Part Time Casual
 Night Staff Day Staff Either Day or Night

CURRENT LICENCES AND/OR CERTIFICATES HELD (please tick ✓)

- Motor Vehicle Forklift Class _____ (please specify) First Aid
 Truck Class _____ (please specify) Other (specify) _____

Do you have your own means of transport? Yes No

EDUCATION / QUALIFICATIONS

Level of Education Attained (eg. Technical, Secondary, Tertiary)	Name of School or Institute	Started	Finished

EMPLOYMENT HISTORY

Date		Employer/Company Name and Address	Position	Duties
From	To			

Reason for leaving _____

MARKET EXPERIENCE (if any) (Please detail experience in the fruit and vegetable Industry, Brisbane or other Markets and the name of prior employers.)

GENERAL INFORMATION

(Please give details of any skills, abilities or further information which may assist in considering your application.)

REFEREES

(Please give details of referees who may be contacted, preferably include one from your latest position.)

Name	Company or Address	Telephone No.

To Ensure Your Application is accepted the following steps must be completed

1. INCLUDE A COPY OF CITIZENSHIP/VISA/PASSPORT

- a. Only people who have a right to work in Australia will be considered for employment.
- b. All applications may be verified with the Department of Immigration and Citizenship.

2. INCLUDE PROOF OF ANY QUALIFICATIONS AND / OR LICENCES OR CERTIFICATES

- a. Copies must be attached before any assessment can be made on your suitability for any vacancies that may be available in the Brisbane Markets.

3. ATTACH CURRENT COPY OF RESUME

4. HAVE YOU TICKED ALL THE BOXES?

If YES:

- a. fax to 07 39154221
- b. post to Employment Services PO Box 70 Brisbane Markets Qld 4106

NOTE: Any information collected during the application/interview process will only be used in assessing the candidate for suitable employment opportunities and will not be disclosed to any other third party not related to this process.

MEDICAL CONDITION(S)

Do you have any current or prior disability or medical condition that may affect your ability to perform the work required of you? Yes No

If YES, please give details. _____

I have read the above conditions and understand that by signing this application I agree to accept these conditions.

Signature _____ Date _____