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# Edinburgh Park Stud Pty Ltd

## Employment Application Form

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**STRICTLY CONFIDENTIAL**

### Personal Details

Surname \_\_\_\_\_

First Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Residential Address \_\_\_\_\_

Mail Address \_\_\_\_\_

Telephone Number \_\_\_\_\_ Alternative Contact Phone \_\_\_\_\_

Mobile Phone Number \_\_\_\_\_ E-mail Address \_\_\_\_\_

**Optional Information - Please Circle - Married Single DeFacto No.Of Children** \_\_\_\_\_

Emergency Contact person \_\_\_\_\_

Contact Telephone Number \_\_\_\_\_

Country of Birth \_\_\_\_\_

If born outside Australia attach proof of citizenship, permanent residency,  
Or proof of legal entitlement to work in Australia.

### Employment Details

Have you ever been employed by Edinburgh Park Stud Pty Ltd before? If so, when?

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Are you currently employed in any capacity? If so, please provide employers name, type of industry, and length of employment.

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### Employment History

Employer	Position Held Duties Performed	Full time Part time Casual	Start Date	Finish Date

### Educational Qualifications

Secondary School Attended \_\_\_\_\_

Year Level Reached or Certificate gained \_\_\_\_\_

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Date Completed \_\_\_\_\_

Tertiary Institution(s) Attended \_\_\_\_\_

Qualification(s) and Major studies \_\_\_\_\_

Date Completed \_\_\_\_\_

### Details of Availability and Work History

Are you available for (Please Circle):

Fulltime Work?      Yes/No

Part-time Work?      Yes/No

Casual Work?      Yes/No

On-Call Work?      Yes/No

Night shift Work?      Yes/No

Day shift Work?      Yes/No

Week-day Work?      Yes/No

Do you have access to transport as required? \_\_\_\_\_

If not, when do you have access to transport? \_\_\_\_\_

Do you have a current driver's licence? If so, what class? \_\_\_\_\_

Do you have any other licences? What sort? \_\_\_\_\_

Have you had experience in a Horse Stud setting previously? If yes, where and when?

\_\_\_\_\_

Have you had experience using heavy machinery previously? If yes, where and when?

\_\_\_\_\_

Have you ever had any Workers Compensation claims with a previous employer?

1. What was the nature of this claim(What sort of injury was involved)?

\_\_\_\_\_

Was it resolved, if yes, when? \_\_\_\_\_

2. What was the nature of this claim(What sort of injury was involved)? \_\_\_\_\_

\_\_\_\_\_

Was it resolved, if yes, when? \_\_\_\_\_

## Referees

Please give details of three persons who may be contacted for further information regarding your character and/or qualifications/work skills.

Name \_\_\_\_\_

Company(if applicable) \_\_\_\_\_

Phone Number \_\_\_\_\_

Address \_\_\_\_\_

.....

Name \_\_\_\_\_

Company(if applicable) \_\_\_\_\_

Phone Number \_\_\_\_\_

Address \_\_\_\_\_

.....

Name \_\_\_\_\_

Company(if applicable) \_\_\_\_\_

Phone Number \_\_\_\_\_

Address \_\_\_\_\_

Are there any other comments you would like to make to support your application for employment?

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## Health Details

### General

Do you suffer from any, serious illness or any physical or other disability that may:

- . Restrict the performance of your duties, and/or be,
- . Hazardous to you or others whilst at work?

If yes, please give details:

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### Hearing

Have you had regular exposure to any of the following:

Chainsaw use, loud music, panel beating/car body repairs, shooting, lawn mowing, plant operation or scuba diving?

If so, was hearing protection used? \_\_\_\_\_

Have you ever had ringing in the ears? \_\_\_\_\_

Have you ever had a hearing test? If so, what was the result? \_\_\_\_\_

### Exposure

Have you ever been exposed to:

Excessive dust, Asbestos, Benzene, Lead, Solvents other hazardous materials?

If so, where and when? \_\_\_\_\_

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### Specific Health Conditions

Have you ever required treatment for:

- |  |          |
|--|----------|
| 1. Headache, Migrane, Epilepsy                             | Yes / No |
| 2. Heart Attack, Valve condition or Angina                 | Yes / No |
| 3. Blood pressure, High or Low                             | Yes / No |
| 4. Indigestion, Ulcers, Unusual Bleeding                   | Yes / No |
| 5. Liver or Gall Bladder problems                          | Yes / No |
| 6. Hernia  | Yes / No |
| 7. Joint Sprains, Arthritis                                | Yes / No |
| 8. Diabetes  | Yes / No |
| 9. Fear of heights or confined spaces                      | Yes / No |
| 10. Stress, anxiety attacks or a psychiatric condition     | Yes / No |
| 11. Shoulder, wrist or other upper body problems           | Yes / No |
| 12. Hip, knee, ankle or other lower body problems          | Yes / No |
| 13. Skin conditions ie. dermatitis                         | Yes / No |
| 14. Abdominal problems                                     | Yes / No |
| 15. Chest, lung or other respiratory problems              | Yes / No |
| 16. Frequent cold or flu symptoms such as nasal complaints | Yes / No |
| 17. Other?   | Yes / No |

If yes, please give details

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## **Hospital Admittance**

In respect to any condition either listed above or other, have you ever been admitted to hospital?

If so, when and why? \_\_\_\_\_

\_\_\_\_\_

## **Medication**

Are you presently taking any medication?

If so, what and why? \_\_\_\_\_

\_\_\_\_\_

Are you taking any addictive drugs or medication?

If so, what and why? \_\_\_\_\_

\_\_\_\_\_

## **Allergies**

Do you have any allergies? Eg Flour dust, specific fumes etc.

If so, what? \_\_\_\_\_

\_\_\_\_\_

Would you like to comment on whether you will have problems fulfilling certain work duties due to above-mentioned medical or health conditions? If yes:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Declarations

I declare all the above statements and answers are true, correct and complete. To the best of my knowledge no material or information in relation to this application has been withheld or omitted.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

I am prepared to submit to a medical or fitness examination by a medical practitioner or fitness expert respectively as nominated by Edinburgh Park Stud Pty Ltd at any time regarding my fitness to carry out the duties of my proposed employment. I understand that if I give false information to the medical practitioner conducting the examination I shall, if accepted for employment, be liable to dismissal without notice.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

I authorise the medical practitioner conducting the medical examinations to convey to Edinburgh Park Stud Pty Ltd all information, results of examination etc. I understand that Edinburgh Park Stud Pty Ltd will treat such information as strictly confidential.

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

Signature of Parent/Guardian where Applicant is under 18 years of age:

\_\_\_\_\_

Date \_\_\_\_\_