



FISHCo Fish Market

Seafood Distributors & Processors
Established 1997 - Servicing the ACT & Region
HACCP ACCREDITED

All correspondence:
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Fyshwick ACT 2609

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Employment Application *Please print and fill out all sections*

Important Notice: It is a condition of employment that all FishCo employees are available to work during the busy Christmas and Easter periods. No leave is granted in the 2 weeks leading up to Christmas and all employees must be available to work on Christmas Eve.

Applicant Information

Applicant Name _____

Home Phone _____

Mobile _____

Email Address _____

Date of Birth _____

Current Address _____

How were you referred to FishCo? _____

Position(s) applying for: _____

Are you applying for?

- Temporary work – such as summer or holiday work? [] Y or [] N
- Regular part-time work? [] Y or [] N
- Regular full-time work? [] Y or [] N
- Casual work? [] Y or [] N

What days and hours are you available for work?

If applying for temporary work, when will you be available? _____

If hired, on what date can you start working? ____ / ____ / ____

Can you work on the weekends? Y or N

Can you work evenings? Y or N

Weekly Income desired: \$ _____

Personal Information

Have you ever applied to / worked for FishCo before? Y or N

If yes, please explain (include date): _____

Do you have any friends, relatives, or acquaintances working for FishCo? Y or N

If yes, state name & relationship: _____

If hired, do you have your own transport? Y or N

Are you over the age of 18? (If under 18, hire is subject to verification of minimum legal age.) Y or N

If hired, would you be able to present evidence of your Australian citizenship or proof of your legal right to work Australia? Y or N

Can you demonstrate exceptional customer service skills, a requirement for working within this company? Y or N

Are you able to perform the essential functions of the job for which you are applying? Y or N

If no, describe the functions that cannot be performed

(Note: It is possible that a hire may be tested on skill/agility and may be subject to a medical examination conducted by a medical professional.)

Additional Information

What is your highest level of Education: _____

Do you speak, write or understand any foreign languages? Y or N

If yes, describe which languages(s) and how fluent of a speaker you consider yourself to be.

Do you have any other experience, training, qualifications, or skills which you feel should be brought to our attention, in the case that they make you especially suited for working with us?

Y or N

If yes, please explain: _____

Employment History / References

Are you currently employed? Y or N

If you are currently employed, may we contact your current employer? Y or N

Below, please describe past and present employment positions, dating back five years. Please account for all periods of unemployment. **Even if you have attached a resume, this section must be completed.**

Name of Employer: _____

Name of Supervisor: _____

Telephone Number: _____

Business Type: _____

Address: _____

Length of Employment (Include Dates): _____

Position & Duties: _____

Reason for Leaving: _____

May we contact this employer for references? Y or N

Name of Employer: _____

Name of Supervisor: _____

Telephone Number: _____

Business Type: _____

Address: _____

Length of Employment (Include Dates): _____

Position & Duties: _____

Reason for Leaving: _____

May we contact this employer for references? [] Y or [] N

Please Read and Initial Each Paragraph, then Sign Below

I certify that I have not purposely withheld any information that might adversely affect my chances of employment. I attest to the fact that the answers given by me are true & correct to the best of my knowledge and ability. I understand that any omission (including any misstatement) of material fact on this application or on any document used to secure can be grounds for rejection of application or, if I am employed by this company, terms for my immediate expulsion from the company.

I understand that if I am employed, my employment is not definite and can be terminated at any time either with or without prior notice, and by either me or the company.

I permit the company to examine my references, record of employment, education record, and any other information I have provided. I authorise the references I have listed to disclose any information related to my work record and my professional experiences with them, without giving me prior notice of such disclosure. In addition, I release the company, my former employers & all other persons, corporations, partnerships & associations from any & all claims, demands or liabilities arising out of or in any way related to such examination or revelation.

Applicant's Signature: _____

Date: _____