



**FISHCO**  
**DOWNUNDER**  
VOLANNE PTY LTD  
ACN 077 412232  
ABN 90 077 412232

**SEAFOOD**  
**DISTRIBUTORS & PROCESSORS**  
**HACCP ACCREDITED**

Shops 4 & 5, Belconnen Markets  
Lathlain Street, Belconnen ACT 2617

19 Dalby St, Fyshwick ACT 2609

All Correspondence:  
PO Box 688, Jamison ACT 2614

Phone: (02) 6239 6415  
Fax: (02) 6232 7266

Email: [info@fishco.com.au](mailto:info@fishco.com.au)  
Web: [www.fishco.com.au](http://www.fishco.com.au)

## Employment Application

*Please print and fill out all sections.*

### Applicant Information

Applicant Name \_\_\_\_\_

Home Phone \_\_\_\_\_

Mobile \_\_\_\_\_

Email Address \_\_\_\_\_

Are you over 18yrs? \_\_\_\_\_

**NB:** Juniors are required to fill in the Junior Application form.

Current Address \_\_\_\_\_

\_\_\_\_\_

How were you referred to FishCo? \_\_\_\_\_

Position(s) applying for: \_\_\_\_\_

### Are you applying for?

\_\_\_ Temporary work – such as summer or holiday work

\_\_\_ Regular part-time work

\_\_\_ Regular full-time work

\_\_\_ Casual work

Our hours of operation are:

**Belconnen:** Tue to Sun, 7am to 8pm

**Fyshwick:** Mon to Sun, 6am to 7pm

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? \_\_\_ / \_\_\_ / \_\_\_

### **General Information:**

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

If yes, please explain (include date): \_\_\_\_\_

---

All employees must have reliable means of getting to work. Do you have your own transport?  Y or  N

If no, provide details of your reliable means for getting to work

---

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

---

---

---

---

---

---

## Additional Information

What is your highest level of Education: \_\_\_\_\_

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 for hiring. 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 authorize 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:** \_\_\_\_\_