

# EMPLOYMENT APPLICATION FORM



[www.eckfordholdings.com.au](http://www.eckfordholdings.com.au)

ABN: 26440788053

**PLEASE FAX YOUR APPLICATION FORM TO PETER & STEPHANIE ECKFORD ON 0747485556**

**NAME** .....

**ADDRESS** .....

**CITY** .....**STATE** ..... **POSTCODE** .....

**PHONE NUMBER** ..... **MOBILE NUMBER** .....

**FAX NUMBER** ..... **EMAIL** .....

**Date of Birth** ..... **Male / Female** ..... **Approx Height & Weight**.....

**Marital Status ( Required for accommodation requirements )**      **Married**      **Partner**      **Single**

**Why do you want this job?**      **Job Satisfaction**      **Security**      **Money**      **Independence**      **Working with Livestock**

**Have you been convicted of any criminal charges in the past?**      **Yes**      **No**

**If yes, please specify**

**Are you legally able to work in Australia?**      **Yes**      **No**

**Have you completed a First Aid Course in the last 5 Years?**      **Yes**      **No**

**Have you worked as part of a team or unsupervised?**      **Team**      **Unsupervised**      **Both**

**How do you see a job with Eckford Holdings furthering your career?**

**MOTOR VEHICLE LICENCES AND MACHINERY TICKETS**

***Do you hold a current Motor Vehicle Licence?      Yes                  No      Licence Number & Expiry Date***

***Do you hold a current Motor Bike Licence?      Yes                  No      Licence Number & Expiry Date***

Type

***Do you hold a current Truck or HV Licence?      Yes                  No***

***Do you hold a Fire Arms Licence      Yes                  No      If yes Licence Number & Expiry***

***Do you own a firearm?      Yes                  No                  Description:***

***Do you have any of the following machinery operating tickets? If yes please fill in your qualifications in the boxes***

***Operators Ticket – Grader      Yes                  No***

***Operators Ticket – 4WD Loader      Yes                  No***

***Operators Ticket – Tractor/Forklift      Yes                  No***

***Do you have any Motor Mechanical Experience***

***Please State***

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**HEALTH & MEDICAL INFORMATION**

***Do you have any medical or physical conditions which may affect your performance or restrict your ability to***

***Carry out the requirements of this rural position?      Yes      No***

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**Asthama      Allergies      Bronchitis      Dermatitis      Back Problems**

**Heart Condition      Epilepsy      Diabetes      I am on medication to treat my  
health conditions**

***Indicate in the following boxes if you have ever had or suffer from any of the following medical conditions***

***Do you suffer any physical problems with the following?      Eye Sight      Hearing      Speech***

***Have you had any workers compensation claims?      Yes      No***

***Are you prepared to have a medical examination if required?      Yes      No***

**Have you had a Q Fever Vaccination?      Yes      No**

***If you have answered YES to any of the medical questions above please specify briefly what these health concerns are***

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**EDUCATION**

***What was the name and year of the last school you attended?***

***What was the highest class grade you completed at school?***

***Have you completed any further study after leaving school or attended any Agricultural courses or schools?***

***Please state name, course, year and time frame***

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**RURAL INDUSTRY WORK RELATED QUESTIONS** Please self rate your ability levels in the boxes provided

*Can you ride a horse? Yes / No      Rate:    Highly Competent      Competent      Average      Learner*

*Do you have your own working horses? Yes / No    If yes,    How many horses do you have?*

*What breed and sex are they?*

*Do you have your own tools?    Yes / No      Saddle? Yes / No      Shoeing Equipment?    Yes / No*

*Can you shoe a horse on your own? Yes / No    Rate:    Highly Competent      Competent      Average      Learner*

*Can you break in a horse? Yes / No    If Yes, what techniques do you use?*

*Have you worked with cattle? Yes / No    Rate:    Highly Competent      Competent      Average      Learner*

*Can you brand cattle? Yes / No    Can you Dehorn cattle?    Yes / No    Can you Castrate cattle?    Yes / No*

*Do you know how to Mouth cattle? Yes / No    Can you Spey cattle?    Yes / No    Can you Preg Test    Yes / No*

*Do you have working dogs?    Yes / No*

*Have you attended any Horse Schools, Stock Handling Courses or Grazing Schools?    Yes / No    List Details below*

**Can you ride a motor bike? Yes / No Rate: Highly Competent Competent Average Learner**

**Do you have any Water/**

**Bore experience? Yes / No Rate: Highly Competent Competent Average Learner**

**Do you have any**

**Windmill experience? Yes / No Rate: Highly Competent Competent Average Learner**

**Can you Oxy Weld? Yes / No Rate: Highly Competent Competent Average Learner**

**Can you Arc Weld? Yes / No Rate: Highly Competent Competent Average Learner**

**Can you Fence? Yes / No Rate: Highly Competent Competent Average Learner**

**Do you have**

**Computer Skills? Yes / No Rate: Highly Competent Competent Average Learner**

**Do you have other work skills you would like to inform us about? If so give details below**

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**EMPLOYMENT HISTORY**

*Previous Employer:*

*Year of Employment*

*Contact Name:*

*Phone Numbers:*

*First & Last Name:*

*Employment Status:*

*Period of Employment*

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**EMPLOYMENT HISTORY**

*Previous Employer:*

*Year of Employment*

*Contact Name:*

*Phone Numbers:*

*First & Last Name:*

*Employment Status:*

*Period of Employment*

*If you have any other phone references, please add names and phone numbers*

***What do you plan to achieve if you are employed by Eckford Holdings and where do you see yourself in 5 years?***

***What are your hobbies or interests outside work?***

***Applicants Declaration: I declare the information in this application to be true and correct. I understand that any deliberate or misleading statements may lead to my dismissal, if employed.***

***Please sign your name and date this application as your declaration and understanding.***

**Signature:**

**Date:**