



QA Manager



Employment Application Form

CONFIDENTIAL

Employment Application Form

Name: _____

Address: _____

Phone: _____

Employment History (List past employment and period of employment)

From _____ to _____ - _____

From _____ to _____ - _____

From _____ to _____ - _____

Referees

Name _____ Company _____ Contact Number _____

Please note that by signing this application form you are also giving us permission to contact your referees.

Qualifications / Skills / Licences (List Details Below)

Shift Preference (tick appropriate box/s)

Day Shift	5:00am to 11:30am		Process Worker	
Afternoon Shift	11:30am to 6:00pm			
Night Shift	6:00pm to 12:00am			

Signed: _____ Date: _____

Agrimac respects your Privacy

Agrimac (and associated entities) are bound to respect your privacy in accordance with the National Privacy Principles that apply under the *Privacy Act 1988*.

This document will be returned to applicant upon request

