



Hutton & Northey Sales

PO Box 368, Merredin WA 6415
accounts@hutnorsales.com.au
www.hutnorsales.com.au

ACN: 008 883 690
ABN: 22 286 925 560

MRB Licence No: MRB2677
RTA Licence No: AU07519

APPLICATION FOR ADVERTISED VACANCY

ADVERTISED VACANCY DETAILS	Position Title:
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PERSONAL DETAILS	Surname:		Mr	Mrs	Miss
			Ms	Dr	Other
	Other Names:				
	Address for notification:		Telephone Numbers:		
			Business:		
			Home:		
Email address:		Mobile:			
Are you an Australian Citizen or permanent resident of Australia?		YES		NO	
Do you have a temporary working Visa? <i>Please state expiry date.</i>		YES		NO	
If yes, please attach a copy to application.		Expiry Date: / /			

RECRUITMENT SOURCE	Where did you see this vacancy advertised?	The Farm Weekly	
		Seek Website	
		Other	

REFEREE 1	Surname:		Title:
	Other Names:		Phone:
	Employer or Organisation contact details:		
REFEREE 2	Surname:		Title:
	Other Names:		Phone:
	Employer or Organisation contact details:		

Merredin
East Barrack Street
Merredin WA 6415
Phone: (08) 9041 1077
Fax: (08) 9041 2490

Mukinbudin
6 Bent Street
Mukinbudin WA 6479
Phone: (08) 9047 1111
Fax: (08) 9047 1259

Cunderdin
81 Main Street
Cunderdin WA 6407
Phone: (08) 9635 1144
Fax: (08) 9635 1166

Corrigin
5 Walton Street
Corrigin WA 6375
Phone: (08) 9063 0100
Fax: (08) 9063 2420





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The following are not barriers to employment. To assist in assessing opportunities for employment please answer the following questions and if you answer yes, please provide further information.

Health/Workers Compensation Claims	Have you, to the best of your knowledge, had a medical condition or ever made a claim for Worker's Compensation that may preclude you from undertaking the duties of this position? Are you currently taking any prescribed medication?	
	YES. If yes please provide details.	
	NO	
Criminal Convictions	Do you have any current criminal convictions for any offences from any court, or are you currently the subject of any charge pending before any court?	
	YES. If yes please provide details.	
	NO	

DECLARATION	I declare the above statements to be true in all respects. I acknowledge that any statement that is found to be false or deliberately misleading will make me, if employed, liable for dismissal.	
	_____	_____
	Signature of Applicant	Date

CHECKLIST FOR EMPLOYER	<input type="checkbox"/>	Application form is completed
	<input type="checkbox"/>	Covering letter is attached
	<input type="checkbox"/>	Current resume is attached
	<input type="checkbox"/>	Copies of relevant qualifications is attached
	<input type="checkbox"/>	Copy of current working Visa (if applicable) is attached
	<input type="checkbox"/>	Additional information in support of the application is attached

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