



LORD Cattle | JL & MA Lord

May Downs | Nottingham

Lord Cattle Office

ABN: 58 946 059 387

www.lordcattle.com.au

PO Box 1751 Mount Isa Qld 4825.
P: (07) 4749 1105 F: (07) 4749 1107
Office Hours: 9.30 am - 4.00 pm EST

Faxing Forms & Resumes

Managers | May Downs Station

Fax: 07 4743 7819

Managers | Nottingham Downs

Fax: 07 4741 7141

email: jobs@lordcattle.com.au

Employment Form must be completed in full - Incomplete forms will not be processed.

Application forms can be accompanied with your personal resume but cannot replace the application form.

Interviews will not be arranged without the Rural Application form being completed.

Rural Stationhands Application Form for Employment.

*Position being Applied for	<input type="text"/>	*Date/Time Field	<input type="text"/>
*Name	<input type="text"/>	*When can you start?	<input type="text"/>
*Address	<input type="text"/>		
*City	<input type="text"/>	*State	<input type="text"/>
		*Zip Code	<input type="text"/>
*Country	<input type="text"/>	*Date of Birth	<input type="text"/>
*Phone Number	<input type="text"/>	Gender	<input type="text"/>
Mobile Number	<input type="text"/>		
Fax Number	<input type="text"/>	Appx weight & Height	<input type="text"/>
E-mail	<input type="text"/>		
When is the best time to contact you?	<input type="text"/>		
*How did you find out about this job ?	<input type="checkbox"/> Searching the Internet. <input type="checkbox"/> Newspaper / Magazines. <input type="checkbox"/> Word of Mouth		
*What is your wage expectation?	<input type="text"/>		
*Marital Status.	<input type="radio"/> Married <input type="radio"/> Partner <input type="radio"/> Single		
Information needed for accommodation requirements			
*Will you be requiring family accommodation?	<input type="radio"/> Yes <input type="radio"/> No	How many children reside with you?	<input type="text"/>
Why do you want this job?	<input type="checkbox"/> Job Satisfaction <input type="checkbox"/> Security <input type="checkbox"/> Money <input type="checkbox"/> Indepence <input type="checkbox"/> Working with livestock.		
*Have you been convicted of any criminal charges in the past?	<input type="radio"/> Yes <input type="radio"/> No	If Yes, Please specify?	<input type="text"/>
*Are you legally able to work in Australia?	<input type="radio"/> Yes <input type="radio"/> No	How long can you stay?	<input type="text"/>
		Have you completed a First Aid Course in the last 5 Years?	<input type="radio"/> Yes <input type="radio"/> No

Motor Vehicle Licences and Machinery Tickets:

*Do You hold a **current** Motor Vehicle Licence? Yes No Licence No & Expiry Date
Type **N/A** in Box if you don't hold a licence.

*State Type of licence Manual Automatic International

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

*Do You hold a current Truck or HV Licence? Yes No Please state Types

*Do You hold a fire Arms licence and are in possession of a gun? Yes No Licence No & type

Do you have any of the following machinery operating tickets? **If Yes Please fill in your qualifications in the boxes provided**

Operators Ticket_Grader? Yes No

Operators Ticket_4WD Loader Yes No

Operators Ticket_Tractor / Forklift Yes No

Do you have any Motor Mechanical experience or qualifications?
Please State.

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

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

<input type="checkbox"/> Asthma	<input type="checkbox"/> Allergies	<input type="checkbox"/> Bronchitis	<input type="checkbox"/> Dermatitis	<input type="checkbox"/> Back Problems
<input type="checkbox"/> Heart Complaints	<input type="checkbox"/> Epilepsy	<input type="checkbox"/> Diabetes	<input type="checkbox"/> I am on medication to treat my health condition.	

*Indicate in the following boxes if you suffer any physical problems with the following. Yes No

<input type="checkbox"/> Eye Sight	<input type="checkbox"/> Hearing	<input type="checkbox"/> Speech
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Have you had any workers compensation claims in the last 5 - 10 years? 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. Could you please specify briefly what these health concerns are.

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 and Agricultural courses or schools? Please State Name, course, year and time frame.

Rural Industry Work Related Questions. Please self rate your ability levels in the boxes provided.

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

Can you Brand? Yes No Can you Dehorn? 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

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

If Yes,
Please give
a brief
description.

Dogs and type of dogs being brought onto the station must be negotiated with the Manager.

Do you have working dogs? Yes No Do you have any other dogs or pets? Yes No

If Yes to working dogs or pets please state what type and how many?

*Have you had any experience in Butchering? Yes No Rate: Highly Competent Competent Average Learner

Please state your skills in this area

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

*Can you service a motorbike? Yes No Rate: Highly Competent Competent Average Learner

*Can you change a Motorbike tyre? Yes No Rate: Highly Competent Competent Average Learner

*Can you service a Motor vehicle? Yes No Rate: Highly Competent Competent Average Learner

*Can you change a Motor vehicle tyre? 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 / information you would like to add?

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

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

*Can you break in a horse Yes No What Methods do you use

How would you best describe your overall character.

What are your hobbies or interests outside work?

Employment History. **Required fields: If you are unable to provide information, Please type Unable to provide information.*

*Previous Employer Business name & address: Year of Employment:

*Contact: First & Last name. Employment Status

*Phone number How long were you employed for?

Position & Duties:

*Previous Employer Business name & address: Year of Employment:

*Contact: First & Last name. Employment Status

*Phone number How long were you employed for?

Position & Duties:

*Previous Employer Business name & address: Year of Employment:

*Contact: First & Last name. Employment Status

*Phone number How long were you employed for?

Position & duties

Other character / phone references Please add.

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 type / sign your name & date as your declaration that information is true & correct.