

POSITION APPLIED FOR: \_\_\_\_\_

2<sup>ND</sup> CHOICE: \_\_\_\_\_

TYPE OF POSITION APPLIED FOR: FULL TIME:  PART TIME:  CASUAL:

AVAILABLE TO COMMENCE: \_\_\_\_\_

AVAILABLE TO WORK: DAYS  NIGHTS  WEEKENDS  PUBLIC HOLIDAYS

ARE THERE ANY CIRCUMSTANCES KNOWN TO YOU WHICH IN ANY WAY COULD AFFECT YOUR ABILITY TO UNDERTAKE SHIFT WORK OR WORK WEEK-ENDS OR OVER-TIME? E.G., FAMILY RESPONSIBILITIES, SPOUSE, ETC. IF YES, PLEASE GIVE FULL DETAILS.

YES  NO  \_\_\_\_\_

**PERSONAL DETAILS**

NAME: \_\_\_\_\_  
Surname or Family Name Given Names Preferred Title

PRIVATE ADDRESS: \_\_\_\_\_

DATE OF BIRTH \_\_\_\_/\_\_\_\_/\_\_\_\_ TELEPHONE ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Home Mobile Business/Message

CAN YOU PRODUCE PROOF OF IDENTITY? (Passport, Birth Certificate, Driver's Licence) YES  NO

ARE YOU LEGALLY ENTITLED TO WORK IN AUSTRALIA? YES  NO

EMAIL ADDRESS: \_\_\_\_\_

**PERSON TO NOTIFY (ACCIDENT OR ILLNESS)**

NAME: \_\_\_\_\_  
Surname or Family Name Given Names Preferred Title

ADDRESS: \_\_\_\_\_

TELEPHONE ( ) \_\_\_\_\_ ( ) \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_  
Home Mobile

**EDUCATION**

	NAME & LOCATION OF SCHOOL	DURATION OF STUDIES		DEGREE/CERT OBTAINED	MAJOR COURSE OF STUDY
		From Mth Yr	To Mth Yr		
PRIMARY					
SECONDARY					
UNIVERSITY					
TECHNICAL/PROFESSIONAL					
OTHER					

**EMPLOYMENT RECORD (LAST 3 EMPLOYERS OR LAST 10 YEARS, LAST EMPLOYER FIRST)**

EMPLOYER NAME AND ADDRESS	POSITION	EMPLOYED		REASON FOR LEAVING	REFERENCE NAME, ADDRESS & TELEPHONE NO.
		FROM	TO		

**SKILLS (CLERICAL, CHEF, WAITER, STEWARD, HEAD STEWARD ETC)**

SKILL	EXPERIENCE	REMARKS

**HOBBIES OR INTERESTS**


**MEDICAL**

<p>WOULD YOU BE PREPARED TO UNDERGO A MEDICAL EXAMINATION BY THE CLUB'S DOCTOR TO DETERMINE YOUR ABILITY TO CARRY OUT THE FULL DUTIES OF THE POSITION YOU HAVE APPLIED FOR?</p> <p>ARE YOU AWARE OF ANY CONDITION LIKELY TO EFFECT THE FULL PERFORMANCE OF YOUR DUTIES IN EMPLOYMENT?</p> <p>IF YES, PLEASE GIVE FULL DETAILS (INCLUDING FACILITIES OR SERVICES WHICH COULD BE REASONABLY PROVIDED TO ENABLE YOU TO DO THE JOB).</p>	<p>YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>YES <input type="checkbox"/> NO <input type="checkbox"/></p>

**GENERAL**

	YES	NO	IF YES, GIVE DETAILS
1. Have you ever been discharged from employment because your work or conduct was not satisfactory?			
2. Have you in the last five years been convicted of any offence other than minor traffic infringements?			
3. Do you have any objection to enquiries of your present employer regarding qualifications and character?			
4. Do you have any objection to us seeking verification and additional information to any matter within this application?			
5. Is there any additional information you wish to give?			

**PROBATION**

I understand and accept that as a condition precedent to my obtaining the position applied for, I shall have to undergo a probationary period of employment.

**DECLARATION**

I authorise the Club to obtain information from any person concerning my suitability for employment with the Club and I hereby release any such person from liability for any damage, claims, costs, expenses which may arise from the provision of such information. I further declare that the statements made by me in this application are true, complete and correct. I understand that a false or misleading answer to any question in this application will be regarded as misconduct and will be grounds for my dismissal from employment.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

**FOR OFFICE USE ONLY** Code: 1 Outstanding. 2 Excellent. 3 Good. 4 Satisfactory. 5 Fair. 6 Poor.

Interview Assessment	Code	Remarks	Code	
General Appearance				
Dress and Grooming				
Personality				
Language Command (a) Self Expression				
(b) Comprehension				
Technical Background for position				
Attitude				
General Comments or Summary				

<b>FIRST INTERVIEW DECISION</b> Further Interview _____ Unsuitable _____ Date _____ By _____	<b>SECOND INTERVIEW DECISION</b> Job Offer _____ Unsuitable _____ Unsuitable this area _____ Date _____ By _____
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Reference Check: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Document/s Sighted: Birth Certificate  Passport  Other

Medical \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**JOB OFFER:**

Job Title: \_\_\_\_\_ Salary: \_\_\_\_\_ To Start On: \_\_\_\_\_

Job Status: F/T: \_\_\_\_\_ P/T: \_\_\_\_\_ Casual: \_\_\_\_\_

Date: \_\_\_\_\_ Signed: \_\_\_\_\_

ID Number: \_\_\_\_\_ Locker No.: \_\_\_\_\_