

# EMPLOYMENT APPLICATION



MR/MRS/MS/MISS: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_

FULL NAME: \_\_\_\_\_

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

TOWN / SUBURB: \_\_\_\_\_ POSTCODE: \_\_\_\_\_

PHONE: ( ) \_\_\_\_\_ MOBILE: \_\_\_\_\_

DRIVERS LICENCE No: \_\_\_\_\_

(In order of preference)

POSITION(S) APPLIED FOR: \_\_\_\_\_

Times you are **AVAILABLE TO WORK**: (From starting time to finishing time i.e. 10am - 11pm or open to close)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM							
PM							

## RECENT EMPLOYMENT HISTORY

Company	Position Held	How long were you there?	Finish Date	Reason for Leaving

## REFERENCES

Company	Contact Person	Position	Phone Number

## INDUSTRY QUALIFICATIONS

Do you possess a current RSA certificate? Yes / No (Please circle)

Do you possess a current RCG certificate? Yes / No (Please circle)

INDUSTRY SKILLS: (Experience in TAB, KENO, BAR, ETC) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## HEALTH AND SAFETY (DUTY OF CARE)

Do you have any medical and or social problem which might affect the performance of your work or the work of others?

Yes / No (Please circle)

If YES, give details: \_\_\_\_\_

Do you have any previous Workers Compensation / Workcover claims in NSW or other States?

Yes / No (Please circle)

If YES, what injuries: \_\_\_\_\_

Do we have permission to check with Workcover?

Yes / No (Please circle)

## REFEREES AND OTHER REFERENCE CHECKS

Have you worked at Castle Hill RSL Club before?

Yes / No (Please circle)

If YES, what position did you hold? \_\_\_\_\_

Have you ever applied for a job at Castle Hill RSL Club before?

Yes / No (Please circle)

If YES, when? \_\_\_\_\_

Do you have friends or relatives working at the Club?

Yes / No (Please circle)

If YES, who? \_\_\_\_\_

Is transport a problem if finishing late?

Yes / No (Please circle)

Do we have permission to check with your past employers?

Yes / No (please circle)

If answer is NO, state reason: \_\_\_\_\_

I UNDERSTAND THAT IF MY APPLICATION IS SUCCESSFUL I AM EMPLOYED ON A PROBATIONARY AGREEMENT (TWELVE WEEKS) AND AT THE END OF THIS PERIOD A FINAL DECISION ON MY EMPLOYMENT WILL BE MADE.

I UNDERSTAND THAT ANY FALSE, MISLEADING OF INCOMPLETE INFORMATION STATED BY ME ON THE APPLICATION WILL LEAD TO INSTANT DISMISSAL IF EMPLOYED BY THIS CLUB. I UNDERSTAND THAT CASTLE HILL RSL IS A SMOKING ENVIRONMENT. **I ALSO UNDERSTAND THAT AS A HOSPITALITY VENUE I AM EXPECTED TO WORK: EARLY MORNINGS, NIGHTS, PUBLIC HOLIDAYS AND WEEKENDS AS REQUIRED.**

I DECLARE THAT THE ABOVE INFORMATION PROVIDED IS TRUE AND COMPLETE IN ALL ASPECTS.

APPLICANTS SIGNATURE: \_\_\_\_\_

DATE:        /        /

### OFFICE USE ONLY

Commencement Date: \_\_\_\_\_ Centre:    CHRSL     C2K

Title: \_\_\_\_\_ Award Level: \_\_\_\_\_

Department: \_\_\_\_\_ Full Time     Part Time     Casual     Rate: \$ \_\_\_\_\_