



EMPLOYMENT APPLICATION FORM

PERSONAL DETAILS

FULL NAME:								
ADDRESS:								
TOWN / SUBURB:						POSTCODE:		
TELEPHONE:						MOBILE:		
EMAIL:								
ARE YOU OVER 18 YEARS?	YES:	<input type="checkbox"/>	NO:	<input type="checkbox"/>				

POSITION & AVAILABILITY

TYPE OF EMPLOYMENT:	PART TIME	<input type="checkbox"/>	FULL TIME	<input type="checkbox"/>	CASUAL	<input type="checkbox"/>		
PLEASE SELECT AVAILABILITY TO WORK	MON	TUES	WED	THURS	FRI	SAT	SUN	
DAY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
NIGHT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DEPARTMENT PREFERRED	MAY TICK MORE THAN ONE							
	BEVERAGE SERVICES	<input type="checkbox"/>	TAB	<input type="checkbox"/>				
	WAITRESS	<input type="checkbox"/>	GAMING ATTENDANT	<input type="checkbox"/>				
	CLEANER	<input type="checkbox"/>	CHEF / COOK	<input type="checkbox"/>				
	KITCHEN HAND	<input type="checkbox"/>	RECEPTION	<input type="checkbox"/>				

HOSPITALITY QUALIFICATIONS

Gaming Industry Employee License (issued by the VCGLR)	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
RSA (Responsible Service of Alcohol) Certificate (VIC)	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
RSG (Responsible Service of Gaming) Certificate (VIC)	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
If no, are you currently booked in to attend any of these Certificates?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>
Are you prepared to undertake a police check?	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>



OTHER INFORMATION

Have you ever been convicted of any offence other than minor traffic infringements? YES NO

DO YOU HAVE ANY OBJECTIONS FOR THE CLUB TO SEEK VERIFICATION AND INFORMATION OF ANY MATTER WITHIN THIS APPLICATION?

YES: NO:

EMPLOYMENT HISTORY

PLEASE LIST YOUR LAST TWO (2) EMPLOYERS OR LAST TEN (10) YEARS' SERVICE (LAST EMPLOYER)

EMPLOYER 1

EMPLOYER NAME AND ADDRESS

POSITION HELD

EMPLOYMENT DATES

REASON FOR LEAVING

EMPLOYER 2

EMPLOYER NAME AND ADDRESS

POSITION HELD

EMPLOYMENT DATES

REASON FOR LEAVING

MEDICAL

To assist the Club fulfill its obligations under Occupational Health and Safety Laws, please disclose any information about any injury or medical condition you may have that may:

- (a) Prevent you from performing the inherent requirements of the position that you are applying for; or
- (b) May pose a risk to the health and safety of yourself, fellow employees or the Club patrons.

Do you suffer from any illness that your employer should be aware of for your own protection, e.g. epilepsy, diabetes, asthma? YES NO

If yes please give full details:

DECLARATION

1. I authorise The Kyabram Club to obtain information from any persons concerning my suitability for employment with the Club and in doing so, release any such person from, liability for any damages, claims, cost or expenses which may arise from the provision of such information.
2. I further declare that the statements made by me in this application are true, complete and correct.
3. I understand and accept that a false or misleading answer to any question in this application and following interview will be regarded as wilful misconduct and may be grounds for dismissal from employment

NAME: _____ DATE: _____

SIGNATURE: _____