

# EMPLOYMENT APPLICATION FORM

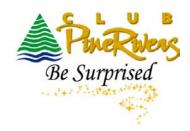
DATE:/			
Position Applied For:			
PERSONAL DETAILS			
Surname:			
Given Names:			
Address:			
Email Address:			
Contact Telephone Numbers: (H)(M)			
Date of Birth (optional):			
EDUCATIONAL BACKGROUND			
School/College Level/Qualificatio	ns Attai	ned	
Other Qualifications:			
Responsible Service of Alcohol Certificate: (please circle)	YES	NO	
Responsible Service of Gaming Certificate: (please circle)	YES	NO	
Can you speak any other language/s fluently?	YES	NO	
If yes please list			



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Are you an Australian Citizen / Resident: (circle)			YES	NO			
Do you have a valid Work or Study Visa: (circle)			YES	NO			
Visa Restrictions: (circle)			YES	NO			
Do you know anyone currently working at Club Pine Rivers? YES NO If so, who?							
EMPLOYMENT HISTORY							
Employer	Date from	Date to	Posit	ion & reason for leaving			
REFERES (Applications will not be accepted without 3 professional referees)  Name Telephone Relationship eg. Former employer							
AVAILABILITY FOR WORK  Please place a tick in the boxes where you are available to work and a cross against the times that you are unavailable to work.							

	Morning	Afternoon	Night	Reason
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				



## EMPLOYMENT APPLICATION FORM

Is there any reason you could not work for 12 months continuous service: YES NO Reason: ADDITIONAL INFORMATION State briefly why you have applied for this position and any other information you feel is relevant to your application: YOUR HEALTH AND WELL BEING AND WORKERS' COMPENSATION HISTORY Are there any medical issues / factors / pre-existing injuries or medical conditions that may prevent you from or that might be aggravated by you carrying out the full allocated duties? YES / NO (PLEASE CIRCLE) If you answered yes to the above question, please provide details: Do you suffer from a medical condition/s that may require the Club to obtain special knowledge and / or training to protect your health and safety (i.e. asthma, diabetes, etc.) YES / NO (PLEASE CIRCLE) If you answered yes to the above question, please provide details:



### **EMPLOYMENT APPLICATION FORM**

It is a requirement of your employment at Club Pine Rivers that you provide a detailed disclosure of any pre-existing injury / injuries or medical condition/s and consent to the Club making an application to the Workers' Compensation Regulator to obtain full details of your Workers' Compensation history. Failure to comply with these requirements including making a false or misleading disclosure may result in your application for employment being rejected and / or your employment terminated.

#### APPLICANT'S DECLARATION:

L (print your name)

The Club Pine Rivers will only use your personal information for the purpose of assessing your application for employment. If your application is successful, this information will be transferred across to the HR information system. The information we collect from you will be handled sensitively and securely with proper regard for your privacy. If you do not provide some of the personal information we request when you apply for a position with the Club Pine Rivers, we may not be able to process your application. We may contact referees, whose details are provided by you, as part of our standard recruitment process.

declare that:	
I have read the above declaration and fully understand the terms specified.  I hereby certify that the above information is true and correct and complete to the bes knowledge and belief and consent to the Club Pine Rivers pursuing employment reference application to the Workers' Compensation Regulator to obtain full details of my V Compensation history. Also I am whiling to obtain a National Crime Check before employment.	e and an Vorkers'
SIGNATURE OF APPLICANT:	
DATE:	