

EMPLOYMENT APPLICATION



PERSONAL DETAILS	
MR/MRS/MISS:	DATE OF BIRTH: / /
FULLNAME:	
ADDRESS:	
TOWN/SUBURB:	POSTCODE:
PHONE:	MOBILE:
DRIVERS LICENCE No:	EMAIL ADDRESS:
EMERGENCY CONTACT:	PHONE No:

(In order of preference)

POSITION(s) APPLIED FOR:

Times you are **AVAILABLE TO WORK**; (from starting to finishing time i.e. 10am – 0.30am or open to close)

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
AM							
PM							

SKILLS CHECKLIST							
OFFICE	<input type="checkbox"/>	COOKING	<input type="checkbox"/>	PROMOTIONS	<input type="checkbox"/>	TAB	<input type="checkbox"/>
FUNCTIONS	<input type="checkbox"/>	BARISTA	<input type="checkbox"/>	BEVERAGE SERVICE	<input type="checkbox"/>	RECEPTION	<input type="checkbox"/>
FOOD SERVICE	<input type="checkbox"/>	CELLAR	<input type="checkbox"/>	POKER MACHINES	<input type="checkbox"/>	CASHIER	<input type="checkbox"/>
FIRST AID	<input type="checkbox"/>	KENO	<input type="checkbox"/>	BRASSERIE	<input type="checkbox"/>		
OTHER:.....							

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, provide details:	
Do you have any previous Workers Compensation/Work cover claims in NSW or other states?	YES / NO (Please circle)
If YES, what injuries:	
Do we have permission to check with Work cover?	YES / NO (Please circle)

REFEREES AND OTHER REFERENCE CHECKS	
Have you ever worked at Breakers Country Club before?	YES / NO (Please circle)
If YES what position did you hold?	
Have you ever applied for a position at Breakers Country Club before?	YES / NO (Please circle)
If YES, when?	
Do you have any friends or relatives working at Breakers Country 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 OR INCOMPLETE INFORMATION STATED BY ME ON THE APPLICATION WILL LEAD TO INSTANT DISMISSAL IF EMPLOYED BY THE CLUB.

I..... **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 IS TRUE AND CORRECT AND COMPLETE IN ALL ASPECTS.

APPLICANTS SIGNATURE:

DATE: / /

OFFICE USE ONLY

Commencement Date: **Cost Centre:**

Title: **Award Level:**

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