



APPLICATION FOR EMPLOYMENT WAGGA RSL AND COMMERCIAL CLUB

Position Application for:.....

Type of Position Applied for: Full Time Part Time Casual

Available to commence:

Are there any circumstances known to you which in any way could affect your ability to undertake shift work or to work weekends or overtime? Eg: Family responsibilities, spouse, etc. If yes, please give full details. Yes No

.....
.....

PERSONAL DETAILS

Name:.....
(Mr/Mrs/Ms/Miss) SURNAME GIVEN NAMES

Private Address:
..... Post Code:.....

Date of Birth:...../...../19..... Telephone:(.....)..... Mobile:.....

Can you produce proof of identity? Yes No
(eg: Passport, Birth Certificate, Driver's Licence)

Are you legally entitled to work in Australia? Yes No

PERSON TO NOTIFY (ACCIDENT OR ILLNESS)

Name:.....

Address:
..... Telephone No:..... Relationship:.....

EDUCATION

SECONDARY

Name of Institution.....

Attended From:..... To

Qualification:.....

TECHNICAL

Name of Institution:.....

Attended From:..... To

Qualification:.....

TERTIARY

Name of Institution:.....

Attended From:..... To

Qualification:.....

EMPLOYMENT HISTORY (List last three employers- present employer first)

Are you currently employed? Yes No

How much notice must you give?

CURRENT/PREVIOUS EMPLOYER #1

Name of Employer:.....

Address:.....

Position held:.....

Employed from:.....to.....

Reason for leaving:.....

CURRENT/PREVIOUS EMPLOYER #2

Name of Employer:.....

Address:.....

Position held:.....

Employed from:.....to.....

Reason for leaving:.....

CURRENT/PREVIOUS EMPLOYER #3

Name of Employer:.....

Address:.....

Position held:.....

Employed from:.....to.....

Reason for leaving:.....

AVAILABILITY (Indicate availability for each day or circle ANYTIME for open availability)

MONDAY from:.....to..... or ANYTIME

TUESDAY from:.....to..... or ANYTIME

WEDNESDAY from:.....to..... or ANYTIME

THURSDAY from:.....to..... or ANYTIME

FRIDAY from:.....to..... or ANYTIME

SATURDAY from:.....to..... or ANYTIME

SUNDAY from:.....to..... or ANYTIME

MEDICAL

Do you have any medical conditions that would prevent you from performing the genuine requirements of the position you are applying for? Yes No

If yes, please give details:.....

.....

REFEREES (names and contact numbers of persons the club may contact)

1.
(NAME) (PHONE NUMBER)

2.
(NAME) (PHONE NUMBER)

3.
(NAME) (PHONE NUMBER)

GENERAL

IF YES, GIVE DETAILS

1. Have you ever been discharged from employment because your work or conduct was not satisfactory? Yes No
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2. Have you, in the last five years been convicted of any offence, other than minor traffic infringements? Yes No
.....

3. Do you have any objection to enquiries of your present employer regarding qualifications and character? Yes No
.....

4. Do you have any objection to us seeking verification and additional information to any matter within this application? Yes No
.....

5. Is there any additional information you wish to provide? Yes No
.....

TRAINING

Please indicate if you hold certificates from training courses in any of the following:

Responsible Service of Alcohol Responsible Conduct of Gaming First Aid
 Keno Tab

Other:.....

SKILLS (Clerical, Chef, Waiter, Steward, Head Steward, etc.)

SKILL	EXPERIENCE	REMARKS
.....
.....
.....
.....

HOBBIES OR INTERESTS

.....
.....

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 Clubs to obtain information from any person concerning my suitability for employment with the Clubs and hereby release any such person from liability for any damage, claims, cost or 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.

Full name (please print):.....

Signature:..... Date:...../...../.....

OFFICE USE ONLY- Code: 1 Outstanding, 2

Interview Assessment	Code	Remarks	Code	
General appearance				
Dress & Grooming				
Personality				
Language Command A) Self Expression B) Comprehension				
Technical Background for position				
Attitude				
General Comments of Summary				

FIRST INTERVIEW DECISION

SECOND INTERVIEW DECISION

Further Interview:.....

Further Interview:.....

Unsuitable:.....

Unsuitable:.....

Date:..... By:.....

Date:..... By:.....