

APPLICATION FOR EMPLOYMENT

PERSONAL DETAILS

Surname: _____ First Name: _____

Address: _____ Postcode: _____

Telephone Numbers: (Home): _____ (Mobile): _____

Date of Birth: _____ Email: _____

PERSON TO CONTACT IN AN EMERGENCY

Surname: _____ First Name: _____

Telephone Numbers: (Home): _____ (Mobile): _____

POSITION APPLIED FOR

Type of Position (please circle one):

Full Time:

Part time:

Casual:

Date available to commence:

AVAILABILITY TO WORK

Monday: _____ Tuesday: _____ Wednesday: _____

Thursday: _____ Friday: _____ Saturday: _____ Sunday: _____

Are there any restrictions on the hours you are available to work (eg? School Holidays, nights, weekends etc.) YES/NO. If yes please give details:

INDUSTRY EXPERIENCE

Do you have your RSA? (please circle) YES / NO What is the expiry date?

Do you have your RCG? (please circle) YES / NO What is the expiry date?

Please state hospitality experience:

CROSS TRAINING / MULTISKILLING

St Marys District Band Club is dedicated to exceptional service and the multi-skilling and training of our staff. We expect our staff to be willing and able to work in a variety of roles in the Club. With training provided, in which of the following service roles would you be interested in working in. (Please tick):

Bar	Tray Service	Keno	TAB	Cashier
Food	Poker Machines	Coffee Shop	Reception	

EMPLOYMENT HISTORY (please list most recent first)

Please tick if you have attached your resume and go to the next section.
If you have not attached your resume please complete this section

Employer (full name & address)

Dates employed from: / / to / / Reason for Leaving:

Position Held:

Name of Supervisor: Contact Phone Number:

Employer (full name & address)

Dates employed from: / / to / / Reason for Leaving:

Position Held:

Name of Supervisor: Contact Phone Number:

Employer (full name & address)

Dates employed from: / / to / / Reason for Leaving:

Position Held:

Name of Supervisor: Contact Phone Number:

REFERENCES

Name:

Company Name: Position:

Telephone Number: Relationship:

Name:

Company Name: Position:

Telephone Number: Relationship:

Name:

Company Name: Position:

Telephone Number: Relationship:

EDUCATION / QUALIFICATIONS / TRADE SKILLS		
Name and Location of School/Training Institute	Duration of Studies	Standard Obtained
Secondary	/ / to / /	
Tertiary	/ / to / /	
Professional	/ / to / /	
Training Courses	/ / to / /	
Trade Skills	/ / to / /	
Please state other details of relevant experience and/or training courses undertaken, which may support your Application:		
PLEASE ANSWER ALL OF THE FOLLOWING QUESTIONS		
Are you older than 18 years? (most positions require you to be over the age of 18)	YES / NO	
Are you prepared to work in areas where there is cigarette smoke and/or ashtrays?	YES / NO	
Are you prepared to abide by our workplace rules and Regulations?	YES / NO	
Are you prepared to wear regulation uniform?	YES / NO	
Have you ever claimed for or received Worker's Compensation? (if yes please give details)	YES / NO	
Do you have any relatives working at this Club?	YES / NO	
If yes, what position do they hold within the Club?		
Do you have any friends working at this Club?	YES / NO	
If yes, what position do they hold within the Club?		
Do you have any objections to our seeking verification of, and additional information to any matter within this application, including contacting your previous employers for reference checking purposes:	YES / NO	
Do you have any physical limitations which could prevent you from carrying out allocated Duties? (if yes please give details)	YES / NO	
Have you ever been arrested? (if yes please give details)	YES / NO	
Are you a member of this Club?	YES / NO	
Have you ever been in an incident within this Club? (If yes please give details)	YES / NO	
PROBATION		
I understand and accept that my employment is subject to a six-month probationary period	YES / NO	
APPLICANT'S DECLARATION		
I authorise the St. Marys District Band Limited to obtain any information regarding myself, including any previous workers compensation records. I hereby release any person, firm or institution of all liability for any damage done whatsoever issuing from such information. I further declare that the information supplied in this application is true, complete and correct and I understand that any false or misleading information will be grounds for instant dismissal of employment with the St. Marys District Band Club.		
Applicant's Signature:	Date: / /	

FOR OFFICE USE ONLY – REFERENCE CHECKS

Reference Name:

Relationship to Applicant:

Period Known:

Company Name:

Applicants' Position:

Date/s of Employment

Overview of work performance:

Applicants Strength/s

Applicants Weakness/Areas for Development

Reason for Leaving:

Reference Name:

Relationship to Applicant:

Period Known:

Company Name:

Applicants' Position:

Date/s of Employment

Overview of work performance:

Applicants Strength/s

Applicants Weakness/Areas for Development

Reason for Leaving:

EMPLOYING MANAGER'S SIGNATURE:

DATE:

PAY OFFICE USE ONLY

Start Date: / /

Employee Number:

Pay Rate:

Position:

General Comments:

Upon start-up:

Employment Pack

FOB (if necessary)

Fingerscan enrolment

HR System (password default DDMMYYYY)