

**1. PERSONAL DETAILS : (to be completed by applicant)**

SURNAME Name:		GIVEN Names:	
OTHER Names (if applicable):			
Current Address:			
State:		Post Code:	
PHONE No. - Home: (    )		Business Hrs: (    )	
How long have you lived at the above address:		<input type="text"/> Weeks	<input type="text"/> Months <input type="text"/> Years
Previous Address:			
State:		Post Code:	
Date of Birth:		Sex: MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>	
Place of Birth:			
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Other			
Partner's Name:		Phone No: (    )	
Next of Kin's Name:		Phone No: (    )	
Club Membership No. (if applicable):		Superannuation:	

**2. POSITION APPLIED FOR: (in order of preference)**

A
B
C
Give details of previous Hospitality Related Work Experience:
Type of Position desired:      FULL-TIME <input type="checkbox"/> / CASUAL <input type="checkbox"/> / PART TIME <input type="checkbox"/>

**3. AVAILABILITY FOR WORK: (please tick appropriate boxes)**

*\* Due to the fact that as a Club in the Hospitality Industry we trade for more than sixteen (16) hours a day we must have Staff who are available to work variable hours.*

Anytime    YES <input type="checkbox"/> NO <input type="checkbox"/>	Days Ony    YES <input type="checkbox"/> NO <input type="checkbox"/>
	Nights Only    YES <input type="checkbox"/> NO <input type="checkbox"/>
	Weekends Only    YES <input type="checkbox"/> NO <input type="checkbox"/>
Would you be willing to work:	Rotating Shifts    YES <input type="checkbox"/> NO <input type="checkbox"/>
	Easter    YES <input type="checkbox"/> NO <input type="checkbox"/>
	Christmas    YES <input type="checkbox"/> NO <input type="checkbox"/>
	School Holidays    YES <input type="checkbox"/> NO <input type="checkbox"/>
Do you feel you will have a problem working the hours that are required in the Hospitality Industry:	
<input type="checkbox"/> NO	
<input type="checkbox"/> YES! If yes please explain:-	
Do you have your own transport:      YES <input type="checkbox"/> NO <input type="checkbox"/>	
Drivers Licence Number:	
Date available to commence:	

**\*PLEASE NOTE: NO HOLIDAYS WILL BE APPROVED FOR LATE NOVEMBER THROUGH TO DECEMBER 31ST**

**4. HEALTH RECORD**

Do you feel you are in good health?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever or are you currently receiving Workers Compensation payments?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If so, please give details of injury/ies, approximate date of injury/ies and the amount of time away from work		
Are you aware of any physical problems which would prevent you from carrying out your allocated duties?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If YES, please give details		
Have you had any serious illness or operation in the last two years? Please give details		
Are you willing to undergo a Pre-employment Medical examination at the Club's expense, to be carried out by a Club Nominated Doctor?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

**5. GENERAL INFORMATION**

Have you ever been involved in an incident in this or any other club?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Details		
As a visitor to a Club have you ever been suspended?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
As a member of a Club have you ever been cited?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Have you ever been convicted of a Criminal Offence?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Details		
Do you have any objections to a Club Manager carrying out reference checks and probity on your employment history?		
YES	NO <input type="checkbox"/>	<input type="checkbox"/>
Proof of Identity	Drivers Licence No <input type="checkbox"/>	
	Passport No <input type="checkbox"/>	
	Birth Certificate <input type="checkbox"/>	
Have you previously been employed at Blacktown Workers' Club Limited?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If YES Details of	Dates _____	
	Area _____	
	Reason for separation _____	
Do you have any family or friends working at Blacktown Workers' Club Limited?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Details Name	_____	
Area	_____	

**6. PREVIOUS EMPLOYMENT HISTORY** *(list last employer to first)*

<i>Employer</i>	<i>Contact No &amp; Name</i>	<i>Position Held</i>	<i>Dates To - From</i>	<i>Reason for Leaving</i>

**7. EDUCATION**

<i>School, College, University etc:</i>	<i>Standard Attained</i>	<i>Dates FROM</i>	<i>TO</i>

**8. EDUCATION**

<i>Courses Completed e.g: RSA</i>	<i>Standard Attained</i>	<i>Dates FROM</i>	<i>TO</i>

*Any further information about yourself that you feel we may like to or need to know?*

**9. INDUCTION/ORIENTATION**

Staff will be required to undergo an initial workplace induction.

If at that point your application meets the Club's criteria for employment you will be notified of your success and commence work shortly thereafter. All staff commence on a 3 month probationary period.

**10. FOR OFFICE USE ONLY:**

Interviewed by:		
Date:		
Successful:	YES	NO
Date of Commencement:		
Department:		
Status:	FULL-TIME	PERMANENT PART-TIME
		CASUAL
Rate of Pay	Level:	
Reference Check:	YES	NO

1) I hereby authorise Blacktown Workers' Club Ltd to secure any information regarding myself and hereby release any person, firm or institution of all liability for damage whatsoever, issuing from such information.

2) I declare that all information supplied in this application is true and that any false or misleading information may be grounds for immediate discharge from employment at Blacktown Workers' Club.

3) If employed, I agree to:

- a) abide by all policies and procedures of Blacktown Workers' Club,
- b) wear and maintain uniforms as supplied,
- c) commence on a three month probationary period,
- d) return all company uniforms and property within 7 days of termination/resignation,
- e) pay any outstanding Monies owing to Blacktown Workers' Club, in full, upon termination/resignation;
- f) I understand that Friday, Saturday and any other peak trading times, I will be available to work if required.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

Witness: \_\_\_\_\_ Position: \_\_\_\_\_

References Checked: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_