



APPLICATION FOR EMPLOYMENT

POSITION APPLIED FOR:

TYPE OF POSITION APPLIED FOR: FULL TIME PART TIME CASUAL

DATE AVAILABLE TO COMMENCE: / /

Steelers Club is open 20 hours a day, 7 days a week. Hospitality positions at the Club will involve varied hours of work which include nights, weekends and Public Holidays.

Are there any circumstances known to you which may affect your ability to work as required? E.g.: University, Sport etc.

YES NO

If Yes, please give full details:

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PERSONAL DETAILS

Mr / Mrs / Ms / Miss (please circle)

SURNAME: GIVEN NAMES:

ADDRESS: POST CODE:

DATE OF BIRTH: / /

PHONE NUMBER: EMAIL:

CAN YOU PRODUCE IDENTIFICATION? YES NO

(E.g., Passport, Birth Certificate, License)

ARE YOU LEGALLY ENTITLED TO WORK IN AUSTRALIA? YES NO

HAVE YOU SUCCESSFULLY COMPLETED RSA COURSE? YES NO

HAVE YOU SUCCESSFULLY COMPLETED RCG COURSE? YES NO

DO YOU HAVE A FIRST AID CERTIFICATE? YES NO

DO YOU HOLD A CURRENT SECURITY LICENSE? YES NO

PERSON TO NOTIFY (ACCIDENT OR ILLNESS)

NAME:

ADDRESS: POST CODE:

PHONE NUMBER:

RELATIONSHIP:

EDUCATION

	INSTITUTION/SCHOOL	DEGREE/CERT. OBTAINED	YEAR/S (duration)
SECONDARY			
UNIVERSITY			
PROFESSIONAL			
OTHER			

EMPLOYMENT RECORD Last 3 employers or last 2 years employment.

EMPLOYER NAME AND ADDRESS	POSITION	EMPLOYED FROM / TO		REASON FOR LEAVING	REFERENCE NAME, POSITION & CONTACT NUMBER

DO YOU HAVE ANY OTHER REFERNCES THAT YOU WOULD LIKE TO LIST?

NAME: PHONE NUMBER: RELATIONSHIP:

NAME: PHONE NUMBER: RELATIONSHIP:

SKILLS (E.g., Clerical, Chef, Keno, TAB, Poker Machines, Tray service, Waiter etc.)

SKILLS	EXPERIENCE	COMMENTS

STRENGTHS List 3 areas you believe to be your strongest

1.
2.
3.

CAREER OBJECTIVES

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MEDICAL

ARE YOU IN GOOD HEALTH? YES NO

DO YOU SMOKE? YES NO

ARE YOU PREPARED TO ATTEND A MEDICAL EXAMINATION IF REQUIRED? YES NO

HAVE YOU EVER HAD ANY SERIOUS ILLNESS, INJURY OR OPERATION THAT MAY AFFECT THE PERFORMANCE OF YOUR DUTIES? YES NO

IF YES, PLEASE GIVE FULL DETAILS INCLUDING WORKER'S COMPENSATION DETAILS

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ARE YOU AWARE OF ANY PHYSICAL OR PSYCHOLOGICAL CONDITION LIKELY TO AFFECT THE PERFORMACE OF YOUR DUTIES? YES NO

IF YES, PLEASE GIVE FULL DETAILS

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GENERAL

	YES	NO	IF YES, GIVE DETAILS
1. Have you ever been discharged from employment because your work or conduct was not satisfactory?			
2. Have you ever been convicted of any offence other than minor traffic infringements?			
3. Do you have any objection to enquiries of your present employer regarding qualifications and character?			
4. Do you have any objection to us seeking verification and additional information on any matter withing this application?			
5. Is there any additional information you wish to provide?			

PROBATION

I understand and accept that as a condition precedent to my obtaining the position applied for, I shall undergo a probationary period of six (6) months of employment.

DECLARATION

Subject to Questions 3 & 4 above, I authorise appointed staff of Steelers Club to obtain information from any person concerning my suitability for employment with the Club and I hereby release any such person from liability for any damage, claims, costs, expenses that might 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.

Should my circumstances as indicated in this form alter in any way, which affects my employment, I understand and accept that my employment conditions will be up for review.

DATE: / /

SIGNATURE:

All applications will be treated with confidentiality and fairness.

Thank you for your interest in the Club - Best Wishes.