

EMPLOYMENT APPLICATION FORM



DATE: ___/___/___

Position Applied For: _____

PERSONAL DETAILS

Surname: _____

Given Names: _____

Address: _____

Email Address: _____

Contact Telephone Numbers: (H) _____ (M) _____

Date of Birth (optional) : _____

EDUCATIONAL BACKGROUND

School/College	Level/Qualifications Attained

Other Qualifications:

Responsible Service of Alcohol Certificate: (please circle) YES NO

Responsible Service of Gaming Certificate: (please circle) YES NO



Can you speak any other language/s fluently? YES NO

If yes please list _____

Are you an Australian Citizen / Resident: (circle) YES NO

Do you have a valid Work or Study Visa: (circle) YES NO

Visa Restrictions: (circle) YES NO

Do you know anyone currently working at Carina Leagues? If so, who? YES NO

EMPLOYMENT HISTORY

Employer	Date from	Date to	Position & reason for leaving

REFEREES (Applications will not be accepted without 3 professional referees)

Name	Telephone	Relationship eg. Former employer

AVAILABILITY FOR WORK

Please place a tick in the boxes where you are available to work and a cross against the times that you are unavailable to work.

	Morning	Afternoon	Night	Reason
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

Is there any reason you could not work for 12 months continuous service:

YES

NO

Reason:

ADDITIONAL INFORMATION

State briefly why you have applied for this position and any other information you feel is relevant to your application:

YOUR HEALTH AND WELL BEING AND WORKERS' COMPENSATION HISTORY

Are there any medical issues / factors / pre-existing injuries or medical conditions that may prevent you from or that might be aggravated by you carrying out the full allocated duties?

YES / NO (PLEASE CIRCLE)

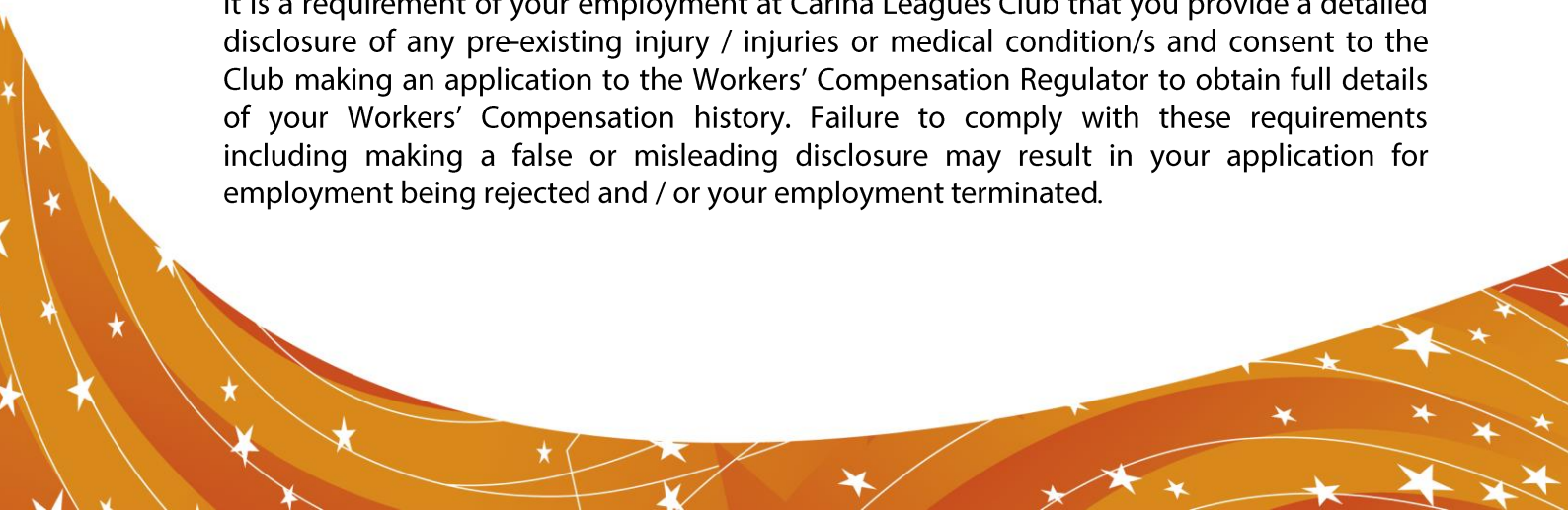
If you answered yes to the above question, please provide details: _____

Do you suffer from a medical condition/s that may require the Club to obtain special knowledge and / or training to protect your health and safety (i.e. asthma, diabetes, etc)

YES / NO (PLEASE CIRCLE)

If you answered yes to the above question, please provide details: _____

It is a requirement of your employment at Carina Leagues Club that you provide a detailed disclosure of any pre-existing injury / injuries or medical condition/s and consent to the Club making an application to the Workers' Compensation Regulator to obtain full details of your Workers' Compensation history. Failure to comply with these requirements including making a false or misleading disclosure may result in your application for employment being rejected and / or your employment terminated.



APPLICANT'S DECLARATION:

The Carina Leagues Club will only use your personal information for the purpose of assessing your application for employment. If your application is successful, this information will be transferred across to the HR information system. The information we collect from you will be handled sensitively and securely with proper regard for your privacy. If you do not provide some of the personal information we request when you apply for a position with the Carina Leagues Club, we may not be able to process your application. We may contact referees, whose details are provided by you, as part of our standard recruitment process.

I, (print your name) _____
declare that:

I have read the above declaration and fully understand the terms specified.
I hereby certify that the above information is true and correct and complete to the best of my knowledge and belief and consent to the Carina Leagues Club pursuing a National Police Check / VISA Check, employment reference checks and an application to the Workers' Compensation Regulator to obtain full details of my Workers' Compensation history.

SIGNATURE OF APPLICANT: _____

DATE: _____

