

PORT CITY BOWLING CLUB

Employment Application



1. APPLICANT INFORMATION						
Title		First Name		Surname		
Preferred Name		Residential Address				
Suburb		State		Postcode		
Home Phone		Mobile		Work Phone		
Email						
2. ELIGIBILITY						
Are you over 18 years old?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Date of Birth			Please attach proof of age to this application	
Are you a citizen or permanent resident of Australia?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If no, are you legally permitted to work in Australia?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes please attach copy of work visa to application.		
Do you permanently reside in Hastings area?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If no provide details.				
Have you ever worked for this company?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If Yes, please indicate why you left.				
Have you ever been convicted of a criminal offence?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, provide details				
Have you ever been convicted of an offence relating to theft, dishonesty or gaming?	YES <input type="checkbox"/> NO <input type="checkbox"/>	If yes, provide details				
3. POSITION						
What position title are you applying for?						
Gaming <input type="checkbox"/>	Food <input type="checkbox"/>	Beverage <input type="checkbox"/>	Administration <input type="checkbox"/>	Green keeping <input type="checkbox"/>	Management <input type="checkbox"/>	
If other please specify						
4. AVAILABILITY						
	All Day (tick)	Commencing From	Finishing At	Not Available		
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						
Are you available during the following holiday? Please tick	Christmas Holidays <input type="checkbox"/>	Easter Holidays <input type="checkbox"/>	July Holidays <input type="checkbox"/>	September Holidays <input type="checkbox"/>		

5. Personal Skills/Certificates									
Program			Advanced		Intermediate			Beginner	
Microsoft Word									
Microsoft Excel									
Microsoft Publisher									
Ebet									
MYOB									
Clubline									
Please tick licenses or certificates obtained:									
NSW Responsible Service of Alcohol			YES <input type="checkbox"/> NO <input type="checkbox"/>						
NSW Responsible Conduct of Gambling			YES <input type="checkbox"/> NO <input type="checkbox"/>						
Food Safety Supervisor Certificate			YES <input type="checkbox"/> NO <input type="checkbox"/>						
NSW First Aid Certificate			YES <input type="checkbox"/> NO <input type="checkbox"/>						
Australian Driver's License			YES <input type="checkbox"/> NO <input type="checkbox"/> If Yes, Manual or Automatic?						
Security Class 1ABC License			YES <input type="checkbox"/> NO <input type="checkbox"/>						
Other:									
EDUCATION									
High School					Address				
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Certificate		
College					Address				
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Certificate		
Other					Address				
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Certificate		
Previous Employment									
Company					Phone				
Address					Supervisor				
Job Title									
From					To				
					Reason for Leaving				
Responsibilities									
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>									
Company					Phone				
Address					Supervisor				
Job Title					Reason for Leaving				
From									
To									
Responsibilities									
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>									

REFERENCES

Please list three professional references, at least one should be work related.

By giving the name and numbers of these referees you are giving consent for Port City Bowling Club to contact the following individuals.

Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			
Full Name		Relationship	
Company		Phone	
Address			

INJURY & ILLNESS

Please note that if you fail to disclose an existing condition, then any future aggravation of your condition arising out of your employment may be disqualified from compensation under applicable workers compensation legislation.

Do you have an injury that may prevent you from performing the duties of the position(s) you have applied for, or for which special care needs to be taken in the workplace? YES NO

If yes please provide further details:

DISCLAIMER AND SIGNATURE

- a) I understand that completion of the application may not necessarily lead to an interview
- b) I understand that an offer of employment is subject to a reference check from a previous employer
- c) I understand that in the event of gaining employment with Port City Bowling Club I will be required to produce evidence of RSA &/or RSG
- d) I understand that in the event of gaining employment with Port City Bowling Club I will be required to complete a Working with Children Check through www.kidsguardian.nsw.gov.au
- e) I certify that the information given in this application and any enclosed documentation is true and correct.

Applicants Full Name

Signature

Date