

APPLICATION FOR EMPLOYMENT



All questions must be completed & resume attached.
Ayr Anzac Memorial Club is an Equal Opportunity Employer
Information that you provide on this **confidential** document will not be disclosed without your permission.

POSITION (S) APPLIED FOR: **DATE:** .../.../.....

BASIS OF EMPLOYMENT (PLEASE CIRCLE) FULL-TIME / PART-TIME / CASUAL

PERSONAL DETAILS:

GIVEN NAMES: SURNAME

ADDRESS:

.....P/CODE.....

PHONE: Home: Work: Mobile

DOB:/...../..... Email Address

ARE YOU LEGALLY ENTITLED TO WORK IN AUSTRALIA? YES NO

Working Visa: Y/N (Provide copy if yes) Expiry Date: / / Passport No.....

EMPLOYMENT HISTORY: (List last three (3) employers – ‘present employer first’)

EMPLOYER: SUBURB:
POSITION HELD: From: .../.../..... To: .../.../.....
KEY DUTIES:
.....
REASON FOR LEAVING:
DIRECT SUPERVISOR: Phone No:

EMPLOYER: SUBURB:
POSITION HELD: From: .../.../..... To: .../.../.....
KEY DUTIES:
.....
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EMPLOYER: SUBURB:
POSITION HELD: From: .../.../..... To: .../.../.....
KEY DUTIES:
.....
REASON FOR LEAVING:
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EXPERIENCE: (Please tick if experienced in any of the following in the hospitality industry)

Administration		Customer Service		Reception	
Bar Steward		First Aid Officer		Smartcard System	
Bistro Food Service		Gaming Attendant		Supervisor	
Cashier		Keno			
Cellar/Stores		Kitchenhand			
Chef (Qualified)		Management			
Cleaning		POS Systems			
Cook		Promotions			

EDUCATION AND TRAINING: (Relevant to hospitality)

Type of Education	Qualification	Date Completed	Name of Institution

Do you possess the following Certification?

Responsible Service of Alcohol **Yes** **No** Food Handlers Certificate **Yes** **No**

Responsible Service of Gambling **Yes** **No** Queensland Gaming License **Yes** **No**

AVAILABILITY: (Please outline availability using commencing and finishing times)

	Mon	Tue	Wed	Thur	Fri	Sat	Sun
Day							
Night							

WHEN ARE YOU AVAILABLE TO START:.....

Public Holidays **Yes** **No** Split Shifts **Yes** **No** Late Nights (1am) **Yes** **No**

HEALTH AND SAFETY RECORD:

Have you ever injured yourself at work? **Yes** **No**

If Yes, what was the injury? _____ Date of Injury: _____

What were the circumstances? _____

How long did it take for you to recover? _____

Do you have any restrictions in the type of work you can do? **Yes** **No**

If yes, what are the restrictions? _____

Do you have any difficulties with the following activities?

Bending Repeatedly **Yes** **No**

Crouching **Yes** **No**

Standing for long periods **Yes** **No**

Repetitive use of hands/fingers/arms **Yes** **No**

Is there any illness that would preclude you from doing any particular type of work? **Yes** **No**

Are you allergic to anything? **Yes** **No** If yes: What? _____

DECLARATION:

I understand that this form is only an application for employment. I authorize the 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, and expenses that may 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 instant dismissal from my employment. I also understand that any false or misleading information on this application form will prohibit me from being considered for employment.

DATE:.....

SIGNATURE.....

RECEPTION USE ONLY:

Application received by:.....Date.....

Applicant presentation: **Excellent** **Good** **Average** **Poor** **Unacceptable**

Communication skills: **Excellent** **Good** **Average** **Poor** **Unacceptable**

Copies of resume, photo Identification and certificates taken: **Yes** **No**

Comments:.....
.....
.....

HUMAN RESOURCE USE ONLY:

Recommended for interview: **Yes** **No** Details.....

Reference check completed: **Yes** **No** Proceed: **Yes** **No**

Commencement Date:.....Classification.....

If unsuccessful notified: **Yes** **No** Date:.....

Comments:.....
.....
.....