APPLICATION FOR EMPLOYMENT

*Applicants please note that all questions must be completed

For Your Information

This information within the Application will be used only for recruitment purposes and will be distributed to the manager. Applications will be kept confidential and remain on file for 3 months. Please attach your current resume.

Work Request Information

First Name: .... **Last Name:** ....

Preferred Position: ◯ **Bar** ◯ **Bistro** ◯ **Kiosk** ◯ **Social Alley** ◯ **Supervisor** ◯ **Gym** ◯ **Gaming**

Preferred Work Option (please tick): ◯ **Full Time** ◯ **Part Time** ◯ **Casual**

Certificates of compentency: ◯ **RSA** ◯ **RCG (Please attach copies)**

Availability to work (please tick):

◯ **Everyday including shift work** ◯ **Week days only** ◯ **Weekends only**

◯ **Day time only** ◯ **Night time only**

Other - please specify: ....

....

When can you start work? ....

Hours you are available: ....

Personal Information

Home Number: .... **Mobile Number:** ....

Address: ....

Email Address: .... **Date of birth:** ....

Are you an Australian Citizen? ◯ **Yes** ◯ **No**

If not, what is your current Residency Status? Temporary Permanent

Type of visa: .... **Expiry Date:** ....

SOUTH WEST ROCKS Country Club

2 Sportsmans Way, South West Rocks NSW 2431
Phone: (02) 6566 6252   www.rockscountryclub.com.au
South West Rocks Country Club practices the responsible service of alcohol

Capacity to Work Declaration

Due to Work Health and Safety requirements, do you have any condition that will cause you to be absent from the workplace for prolonged periods of time and/or pose a signifigant risk to others? ◯ Yes ◯ No

If yes, state details: ....

....

Do you have any condition that will, in any way, hinder your current or future ability to perform the position for which you have applied? ◯ Yes ◯ No

If yes, state details: ....

....

....

Have you had or lodged a Workers Compensation claim with previous employers? ◯ Yes ◯ No

If YES give details: ....

....

....

Applicant Declaration

I certify that the information supplied in my resume and within this Employment Application is true and correct to the best of my knowledge. I understand that false, misleading or non disclosure of information may result in future disciplinary action including termination of employment. I authorise for my referees that are listed on my resume to be contacted.

Signature: .... Date: ....

OFFICE USE ONLY

Manager's Comments/Recommendation: ....

....

....

....

Resume attached: ◯ Yes ◯ No

Certificates attached: ◯ Yes ◯ No

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