



MittagongRSL

APPLICATION FOR EMPLOYMENT

TAX FILE NO:

POSITION APPLIED FOR:

TYPE OF POSITION APPLIED FOR: FULL TIME PART TIME CASUAL

AVAILABLE TO COMMENCE:

ARE THERE ANY CIRCUMSTANCES KNOWN TO YOU WHICH IN ANY WAY COULD AFFECT YOUR ABILITY TO UNDERTAKE SHIFT WORK OR TO WORK WEEK-ENDS OR OVER-TIME? E.G. FAMILY RESPONSIBILITIES, SPOUSE, ETC. IF YES. PLEASE GIVE FULL DETAILS.

YES NO

PERSONAL DETAILS

Mr / Mrs / Ms/ Miss (please circle correct title)

NAME:
SURNAME OR FAMILY NAME GIVEN NAME

PRIVATE ADDRESS:

TOWN/SUBURB: P'CODE :

DATE OF BIRTH:/...../..... PH: () ()
HOME BUSINESS / MESSAGE MOBILE OTHER

CAN YOU PRODUCE PROOF OF IDENTITY? YES NO
(E.G. PASSPORT, BIRTH CERTIFICATE, DRIVERS LICENCE)

ARE YOU LEGALLY ENTITLED TO WORK IN AUSTRALIA? YES NO

PERSON TO NOTIFY (ACCIDENT OR ILLNESS)

NAME:

ADDRESS:

TELEPHONE No: RELATIONSHIP.....

EDUCATION PERSONAL DETAILS

	NAME & LOCATION OF SCHOOL	DURATION OF STUDIES From To Mth Yr Mth Yr	DEGREE / CERT OBTAINED	MAJOR COURSE OF STUDY
PRIMARY				
SECONDARY				
UNIVERSITY				
TECHNICAL / PROFESSIONAL				
OTHER				

EMPLOYMENT RECORD (LAST 3 EMPLOYERS OR LAST 10 YEARS. LAST EMPLOYER FIRST.)

EMPLOYER NAME AND ADDRESS	POSITION	EMPLOYED		REASON FOR LEAVING	REFERENCE NAME ADDRESS & TELEPHONE NO.
		FROM	TO		

SKILLS (CLERICAL, CHEF, WAITER, STEWARD, HEAD STEWARD ETC.)
HOBBIES OR INTERESTS

SKILL	EXPERIENCE	REMARKS

MEDICAL

ARE YOU IN GOOD HEALTH:..... **YES/NO.** DO YOU SMOKE:..... **YES/NO.**
 HOW MANY SICK DAYS HAVE YOU HAD IN THE LAST 2 YEARS? **DAYS.**
 HAVE YOU EVER SUSTAINED AN INJURY AT WORK? **YES/NO.**

ARE YOU AWARE OF ANY CONDITION LIKELY TO EFFECT THE FULL PERFORMANCE **YES** **NO**
 OF YOUR DUTIES IN EMPLOYMENT?

IF **YES**, PLEASE GIVE FULL DETAILS (INCLUDING FACILITIES OR SERVICES WHICH COULD BE REASONABLY PROVIDED TO ENABLE YOU TO DO THE JOB).

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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 in the last five years 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 to any matter within this application			
5. Is there any additional information you wish to give?			

PROBATION

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

DECLARATION

Subject to Questions 3 & 4 above, I authorise 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, costs, expenses which 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 my dismissal from employment. Should my circumstances as indicated on 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.**

Interview assessment	Code	Remarks
General Appearance		
Dress & Grooming		
Personality		
Language Command		
a. Self Expression		
b. Comprehension		
Technical Background for Position		
Attitude		
General Comments of Summary		

REFERENCE CHECK.

Checked by:

With Whom: Position: Phone #

RELIABILITY

ABSENTEEISM

PUNCTUALITY

ATTITUDE / ENTHUSIASM

GROOMING / PRESENTATION

COMMUNICATION SKILLS

HONESTY: (for security reasons when required)

WOULD YOU RE-EMPLOY? YES () NO ()

ANY FURTHER COMMENTS

Document/s Sighted: Birth Certificate Passport Drivers Licence Other

JOB OFFER

Department: Level: To Start On:

Job Status: F/T: P/T: Casual:

Date: Signed: Employee Number: