



# JOB APPLICATION

## APPLICANT SECTION

Position applying for \_\_\_\_\_

### Personal details

Given name: \_\_\_\_\_

Family name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Are you over the age of 18? \_\_\_\_\_

Do you have RSA

Do you have RCG

### Availability- please indicate your availability

	AM	PM
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Are you currently undertaking study/training?  
(tick one)

Yes

No

If yes, course/program name: \_\_\_\_\_

(tick one)

Full time

Part time

Distance

Other

### Previous employment (most recent first)

Employer name/ establishment	Dates from/to	Position held	Reason for leaving	Office use check initial/date

Do you agree to have referees contacted in relation to this  Yes  No  
*(Reference checks will be conducted legally in an ethical manner and all information derived will remain confidential.)*

Please provide details of three people who can speak on your behalf regarding your work history.

Name	Contact No.	Position held/working relationship (eg supervisor)	Office use check initial/date

ARE YOU PERMANENT RESIDENT OF AUSTRALIA YES  NO

IF NOT PLEASE EXPLAIN YOUR VISA TYPE \_\_\_\_\_

DO YOU HOLD A CURRENT DRIVERS LICENSE YES  NO

HAVE YOU HAD A SERIOUS ACCIDENT OR ILLNESS EITHER WORK RELATED OR PERSONAL?

YES  NO  DETAILS \_\_\_\_\_

HAVE YOU EVER BEEN ON WORKERS COMPENSATION ?

YES  NO  DETAILS \_\_\_\_\_

HAVE YOU EVER BEEN EMPLOYED BY THE WORKERS AT ANY OF OUR THREE CLUBS? YES  NO

HAVE YOU PREVIOUSLY APPLIED FOR EMPLOYMENT HERE? YES  NO

## Declaration

I declare that, to the best of my knowledge, the information given is true and correct. I understand that inaccurate, misleading or untrue statements or knowingly withheld information may result in termination of employment with this organisation. I understand that this application does not constitute an offer of employment. I understand that, in some cases, police checks will be required and I will be notified if this applies to this application.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

## EMPLOYER SECTION

**Confidential – reference checks** *For office use only*

Reference name	Comments	Would re-employ?		Initial	Date
		Yes	No		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		

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