



Job Application

Please complete the form below to apply for a position with us.

APPLICANT SECTION

Position applying for

First Name

Last Name

Full Residential Address

Contact Email

Contact Phone

Mobile Phone

Are you over the age of 18?

Yes No

OFFICE USE ONLY

Photo Identification Documentation sighted confirming the above:

Yes No

Do you have RSA

Yes No

Do you have RCG

Yes No

Do you hold a current drivers license?

Yes No

Availability- please indicate your availability

AM

PM

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday



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APPLICANT SECTION (CONT.)

Previous employment (most recent first)

Employer Name/Establishment	Reason For Leaving	OFFICE USE ONLY Check Initial / Date
Dates From/To		
Position Held		

Employer Name/Establishment	Reason For Leaving	OFFICE USE ONLY Check Initial / Date
Dates From/To		
Position Held		

Employer Name/Establishment	Reason For Leaving	OFFICE USE ONLY Check Initial / Date
Dates From/To		
Position Held		

Please provide details of three people who can provide a reference regarding your work history

Name		OFFICE USE ONLY Check Initial / Date
Position held/working relationship (eg supervisor)	Contact No.	



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APPLICANT SECTION (CONT.)

Please provide details of three people who can provide a reference regarding your work history (Cont.)

Name		OFFICE USE ONLY Check Initial / Date
Position held/working relationship (eg supervisor)	Contact No.	
.....		

Name		OFFICE USE ONLY Check Initial / Date
Position held/working relationship (eg supervisor)	Contact No.	
.....		

Current qualifications

Qualification title		
.....		
Institution/training provider	Year completed	
.....	

Qualification title		
.....		
Institution/training provider	Year completed	
.....	

Qualification title		
.....		
Institution/training provider	Year completed	
.....	

Are you currently undertaking study/training? If yes, course/program name:

Yes No

Are you currently undertaking study/training?

Full time Part time Distance Other



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APPLICANT SECTION (CONT.)

Are you a permanent resident of Australia?

Yes No

If not please explain your visa type:

Have you had a serious injury/illness that may affect your ability to perform this type of work?

Yes No

Details

Have you ever been employed by the workers at any of our clubs?

Yes No

Have you previously applied for employment here?

Yes No

Have you ever received workers compensation for an injury/illness that may affect your ability to perform this type of work?

Yes No

Details

Have you ever been convicted of a criminal offence either in Australia or overseas?

Yes No

Details

Have you ever been suspended, expelled from any registered club's membership?

Yes No

Do you have any outstanding court civil matters against you or have you had any court civil matters against you previously?

Yes No

Have you ever filed for bankruptcy or have you ever been bankrupt?

Yes No

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 and for some roles, police checks will be required and I will be notified if this applies to this application.

Signed

Date