

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

APPLICANT SECTION				
Position applying for				
First Name		Last Name		
I list Name		Last Name		
Full Residential Address				
Contact Email				
Contact Phone		Mobile Phone		
Are you over the age of 18?				
Yes No				
OFFICE USE Photo Identification Documentation sighted confirming the above:				
OFFICE USE ONLY	Yes No	-		
Do you have RSA	Do you have RCG Do you hold a current drivers license?		ense?	
Yes No	Yes No	Yes No		
Availability- please indicate your availability				
Monday		AM	PM	
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** Dates From/To ONLY Check Initial / Date **Position Held** Employer Name/Establishment Reason For Leaving **OFFICE USE** Dates From/To ONLY Check Initial / Date **Position Held Employer Name/Establishment** Reason For Leaving OFFICE USE Dates From/To ONLY Check Initial / Date 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.)				
Position held/working relationship (eg supervisor)	Contact No.	Check Initial / Date		
Name				
Position held/working relationship (eg supervisor)	Contact No.	OFFICE USE ONLY Check Initial / Date		
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 ever received workers compensation for an injury/illness that may affect your ability to perform this type of work?  Yes No	Have you previously applied for employment here?  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 matters against you or have you had any court from any registered club's membership? civil matters against you previously? Have you ever filed for bankruptcy or have you ever been bankrupt?  Yes No 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		