



8 Currambene Street Huskisson NSW 2540

Phone: 02 44415282

APPLICATION FOR EMPLOYMENT

PERSONAL DETAILS

*Title: _____

*First Name: _____

*Surname: _____

*Address: _____

*Phone Number: _____

*Email: _____

*Date of Birth: _____

Own Transport: Yes No License Classification: _____

EMERGENCY CONTACT

First Name: _____

Surname: _____

Phone Number: _____

POSITION APPLIED FOR

Type of Position: _____

Full Time: _____ Part Time: _____ Casual: _____

Date available to commence: _____

AVAILABILITY FOR WORK

Are there any restrictions on the hours you are available to work
(eg: School Holidays, nights, weekends etc.) If yes please give details: Yes No

*** A response must entered**

INDUSTRY EXPERIENCE

Please state hospitality experience:

Club Jervis Bay is dedicated to exceptional service and the multi-skilling and training of staff. We expect our staff to be willing and able to work in a variety of roles in the Club. With training provided, in which of the following service roles would you be interested in working in. (Please tick):

Bar _____ Food _____ Cash Box _____ Reception _____
Functions _____ Bus Driver _____ Promotions _____ Cleaning _____
Gaming Concierge _____

EMPLOYMENT HISTORY (please list most recent first)

Employer _____
Dates employed _____
Reason for leaving _____
Position held: _____
Name of Supervisor: _____
Contact Phone number: _____

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REFERENCES

Name: _____

Phone number: _____

Relationship _____

Name: _____

Phone number: _____

Relationship _____

Name: _____

Phone number: _____

Relationship _____

EDUCATION/QUALIFICATIONS/TRADE SKILLS

Name and locations of School/Training Institute	Duration of Studies	Standard Obtained
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Secondary _____

Tertiary _____

Professional _____

Training Courses _____

Trade Skills _____

Please state other details of relevant experience and/or training courses undertaken, which may support you Application:

PLEASE ANSWER ALL OF THE FOLLOWING QUESTIONS

Are you prepared to work in areas where there is cigarette smoke and/or ashtrays	Yes	No
Do you smoke?	Yes	No
Are you prepared to abide by our Workplace Rules and Regulations?	Yes	No
Are prepared to wear regulation uniform?	Yes	No
Have you ever claimed for or received Worker's Compensation? (if yes please give details)	Yes	No

Have you ever been convicted of a crime? (if yes please give details)	Yes	No
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Do you have any objections to our seeking verification of, and additional information to any matter within this application, including contacting previous employers for reference checking purposes:	Yes	No
Do you have any physical limitations which could prevent you from carrying out allocated Duties? (if yes please give details)	Yes	No

Are you a member of this Club?	Yes	No
Have you ever been in an incident within this Club? (if yes please give details)	Yes	No

PROBATION

I understand and accept that my employment is subject to a six month probationary period	Yes	No
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APPLICANTS DECLARATION

I authorise Club Jervis Bay Ltd to obtain any information regarding myself, including any previous workers compensation records. I hereby release any person, firm or institution of all liability for any damage done whatsoever issuing from such information. I further declare that the information supplied in this application is true, complete and correct and I understand that any false or misleading information will be grounds for instant dismissal of employment with Club Jervis Bay Ltd.

Applicant's Signature: _____

Date: _____

FOR OFFICE USE ONLY- REFERENCE CHECKS

Reference Name: _____

Relationship to Applicant: _____

Period Known _____

Company Name: _____

Applicant's Position _____

Date/s of Employment _____

Overview of work performance

Applicants Strength/s _____

Applicants Weakness/Areas for Development _____

Reason for leaving _____

Reference Name: _____

Relationship to Applicant: _____

Period Known _____

Company Name _____

Applicant's Position _____

Date/s of Employment _____

Overview of work performance

Applicants Strength/s _____

Applicants Weakness/Areas for Development _____

Reason for leaving _____

General Comments _____

Managers Signature _____ Date _____

PAY OFFICE USE ONLY

Start Date _____ Employee Number _____ Level _____

Position _____