

**JOHN EDMONDSON V.C. MEMORIAL CLUB  
APPLICATION FOR EMPLOYMENT**

**PERSONAL DETAILS:**

Surname: \_\_\_\_\_ First Names: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_ Post Code: \_\_\_\_\_

Phone: \_\_\_\_\_ D.O.B. \_\_\_\_\_  
                     Home                      Mobile                      Business

**POSITION APPLIED FOR:** (Tick the position/s for which you are applying)

- Door Attendant       Gaming Machine Attendant       Change Desk Attendant  
 Tab Operator       Bar Attendant       Cash Office Clerk  
 Receptionist       Coffee Shop Attendant       Cleaner  
 Cellar Person       Brasserie Attendant       Administration  
 Other (Please specify): \_\_\_\_\_

Are you applying for an advertised position? Yes.... No....

If 'yes' what is the position? \_\_\_\_\_

**EDUCATION AND TRAINING:**

(Give details of schooling, further education – TAFE, university etc – and any other training undertaken including RSA / RCG, First Aid etc)

NAME OF COURSE	NAME OF COLLEGE, SCHOOL OR OTHER INSTITUTION	START & FINISH DATES OF COURSE	DID YOU COMPLETE THE FULL COURSE SUCCESSFULLY

**TO APPLY FOR A POSITION WITH THIS CLUB YOU MUST HAVE A CURRENT COMPETENCY CARD FOR RSA AND RCG. CERTIFICATE COPIES MUST ALSO BE SUPPLIED AND SHOULD BE ATTACHED TO THIS APPLICATION.**

**EMPLOYMENT HISTORY:** Starting with the most recent and working backwards give details of all current and previous employers – including any employment at John Edmondson V.C. Memorial Club

EMPLOYERS NAME	PERIOD OF EMPLOYMENT	POSITION HELD	COMPANY CONTACT & PHONE NUMBER	ARE WE ABLE TO CONTACT FOR A REFERENCE?
				YES / NO
				YES / NO
				YES / NO
				YES / NO
				YES / NO

**WORK SKILLS:** Describe the skills you have which you will be able to use if working at John Edmondson V.C. Memorial Club

TYPE OF SKILL	DESCRIPTION OF THE SKILL

**ADDITIONAL REFEREES:**

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**ELIGIBILITY FOR WORK IN AUSTRALIA:**

Are you an Australian citizen? Yes.... No....

If 'no' do you have:

Australian permanent residency status? Yes.... No....

OR

A current Australian work visa? Yes.... No....

If you have a current Australian work visa for what period is it valid? From \_\_\_\_\_ to \_\_\_\_\_

**AVAILABILITY:** Against each day indicate the times you are available and willing to work (you must be available Fri / Sat nights) – please write not available against any day you are not available for work

Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

**DISMISSAL OR RESIGNATION FROM PREVIOUS EMPLOYMENT:**

Have you ever been dismissed or asked to resign from employment? Yes.... No....

If **'yes'** what was the reason for the dismissal or request to resign? Give all details including any criminal offence relating to the dismissal or resignation.

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**WHS. AND E.E.O.**

So that the club may comply with Workplace Health & Safety and Equal Employment Opportunity requirements, give details of any disabilities, injuries, medical conditions etc, which may affect your work performance

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**GENERAL:**

Other than minor traffic infringements have you been convicted of any offence in the last five (5 years)?  
No.... Yes... (give details)\_\_\_\_\_

Are you willing to supply an up to date Police Check Report (if requested)?  
No.... Yes... (give details)\_\_\_\_\_

Have you ever claimed Workers Compensation?  
No.... Yes... (give details)\_\_\_\_\_

**AVAILABILITY FOR COMMENCEMENT OF WORK:**

If you are offered employment at the Club on what date are you able to commence? \_\_\_\_/\_\_\_\_/\_\_\_\_

Do you have any future commitments that will require you to have time off work? Yes... No...

If 'yes' give details of the dates \_\_\_\_\_

Do you have any friends or relatives who are currently employed at this Club? Yes... No...

If 'yes' please give their names \_\_\_\_\_

If offered employment, would you be willing to undergo a medical examination by the Club's nominated Doctor to determine your ability to carry out all required duties? Yes... No...

**FURTHER INFORMATION:**

(Write here any further information you would like considered in support of your application. Use a separate sheet if required)

**DECLARATION BY APPLICANT:** I acknowledge and understand that if I obtain employment with John Edmondson V.C. Memorial Club and any information I have given in this application is not correct, is misleading or not complete then my employment with John Edmondson V.C. Memorial Club may be terminated without notice and without pay in lieu of notice.

I agree to allow John Edmondson V.C. Memorial Club Representatives to search my belongings whenever I leave the premises. I agree to wear the John Edmondson V.C. Memorial Club uniform and abide by all safety rules and use all safety equipment as supplied.

I understand that if offered employment by the club I am subject to a six (6) month probationary period, which the club has a right to extend.

Applicants Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**THIS COMPLETES THE APPLICATION FORM – DO NOT WRITE PAST THIS POINT**

Date application received \_\_\_\_/\_\_\_\_/\_\_\_\_

Date acknowledgement mailed \_\_\_\_/\_\_\_\_/\_\_\_\_

Interview Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Interview Time \_\_\_\_:\_\_\_\_ am / pm

Notes \_\_\_\_\_

Interviewed By \_\_\_\_\_

Reference Check \_\_\_\_\_

Commencement Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Induction Date \_\_\_\_/\_\_\_\_/\_\_\_\_

<b>IDENTIFICATION DOCUMENTATION</b>	
Type:	_____
Document/Card No.:	_____
Expiry:	____/____/____
Sighted by	_____
Initials:	_____