

APPLICATION FOR EMPLOYMENT

RECEPTION USE ONLY:

Application received by: _____

DATE SUBMITTED: _____

POSITION(S) APPLIED FOR: _____

TYPE OF EMPLOYMENT SOUGHT: FULL-TIME / PART-TIME / CASUAL (PLEASE CIRCLE)

Were you referred by a current staff member?

Name: _____

PERSONAL DETAILS

GIVEN NAMES: _____

SURNAME: _____

DOB: ____ / ____ / ____

RESIDENTIAL ADDRESS: _____

P/CODE: _____

MOBILE: _____

HOME PHONE: _____

WORK PHONE: _____

EMAIL: _____

Are you an Australian Citizen? YES / NO (PLEASE CIRCLE)

If no, what is your VISA number? _____

ARE YOU LEGALLY ALLOWED TO WORK IN AUSTRALIA? YES / NO (PLEASE CIRCLE)

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PLEASE BE ADVISED: It is a requirement for your employment to have a National Police Check / VISA Check completed. If you have a criminal history this will show up in the National Police Check or alternatively if your VISA is invalid, this also will be evidenced. You need to be aware that negative responses may impact on your application's success.

It also is a requirement for ongoing employment with the Club that regular National Police Checks / VISA Checks may be obtained of all employees.

Completion and submission of this application form to **The Waves Sports Club** means you are aware of this requirement, you give permission to have the relevant checks carried out and you agree to sign the necessary paperwork to facilitate this occurring. Refusal to comply with this provision subsequent to engagement will be considered serious misconduct and may result in immediate termination of your employment.

AVAILABILITY

The Waves Sports club is open from 10:00am to 2:00am every day of the week. As the Community Club Industry operates on a seven day basis, you may be required to work some evenings, weekends and public holidays based on rotating rosters.

When are you able to start _____?

Are you available to work on any of the following occasions?

Public Holidays YES / NO Weekends YES / NO Evenings YES / NO (PLEASE CIRCLE)

YOUR HEALTH AND WELL BEING AND WORKERS' COMPENSATION HISTORY

Are there any medical issues / factors / pre-existing injuries or medical conditions that may prevent you from or that might be aggravated by you carrying out the full allocated duties?

YES / NO (PLEASE CIRCLE)

If you answered yes to the above question, please provide details:

Do you suffer from a medical condition/s that may require the Club to obtain special knowledge and / or training to protect your health and safety (i.e. asthma, diabetes, etc?)

YES / NO (PLEASE CIRCLE)

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P: 07 4152 1531 F: 07 4152 3153
1 Miller Street (PO Box 862) Bundaberg Qld 4670

ABN: 49 193 407 174

www.acrossthewaves.com

If you answered yes to the above question, please provide details:

It is a requirement of your employment at the Club that you provide a detailed disclosure of any pre-existing injury / injuries or medical condition/s and your workers' compensation history. Failure to comply with these requirements including making a false or misleading disclosure may result in your application for employment being rejected and / or your employment terminated.

EMPLOYMENT HISTORY

Please list your last 3 employers with your most recent employer first

EMPLOYER: _____ TOWN/SUBURB: _____ POSITION HELD: _____ FROM: ___/___/___ to ___/___/___ KEY DUTIES: _____ _____ REASON FOR LEAVING: _____ DIRECT SUPERVISOR: _____ PH NO: _____
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EXPERIENCE

Please tick (✓) if you have any experience in any of the following areas:

Administration		First Aid	
Bar		Functions	
Bingo		Gaming	
Bistro Food Service		Keno	
Cashier		Childcare	
Cellar / Storeperson		Management	
Chef		POS Systems	
Cook		Promotions	
Kitchen		Reception	
Coffee Shop		TAB	
Barista		Customer Service	

EDUCATION & TRAINING

Do you possess any of the following Certificates?

- | | |
|---------------------------------|--------------------------|
| Responsible Service of Alcohol | YES / NO (PLEASE CIRCLE) |
| Responsible Service of Gambling | YES / NO (PLEASE CIRCLE) |
| RMLV | YES / NO (PLEASE CIRCLE) |
| Food Handlers Certificate | YES / NO (PLEASE CIRCLE) |
| BlueCard | YES / NO (PLEASE CIRCLE) |

Please list any other qualifications you possess which are relevant to the Club and/or hospitality industry:

Qualification	Date Completed	Name of Institution

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ABOUT YOU

Tell us why you would like to work at this Club instead of other hospitality establishments?

What makes you the best candidate for the position you applied for?

Describe a difficult customer service situation that you were faced with in a previous position and how you overcame it?

DECLARATION

The Waves Sports Club will only use your personal information for the purpose of assessing your application for employment. If your application is successful, this information will be transferred across to the HR information system. The information we collect from you will be handled sensitively and securely with proper regard for your privacy. If you do not provide some of the personal information we request when you apply for a position with **The Waves Sports Club**, we may not be able to process your application. We may contact referees, whose details are provided by you, as part of our standard recruitment process.

I have read the above declaration and fully understand the terms specified.

I hereby certify that the above information is true and correct and complete to the best of my knowledge and belief and consent to the Club pursuing a National Police Check / VISA Check and employment reference checks.

Date: ____/____/____

Signature: _____

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