

Application for Employment

Club York is an Equal Opportunity Employer

Position applied for: _____ Date of application _____

Type of position desired Permanent Part time Casual

Please circle your availability to work:

Mon	Tues	Wed	Thu	Fri	Sat
am	am	am	am	am	am
pm	pm	pm	pm	pm	pm

Date available to commence work if successful _____

Personal Details: Mr Miss Mrs Ms

Surname: _____ First Name: _____

Preferred Name: _____

Address: _____

_____ Postcode: _____

Home Phone: _____ Work Phone: _____

Mobile: _____ E-mail: _____

Are you a permanent resident of Australia or an Australian Citizen?
 YES NO

Are you over 18 years of age? YES NO

Next of kin name: _____ Relationship to you: _____

Next of kin phone number: _____

QUALIFICATIONS

QUALIFICATION GAINED	EDUCATIONAL INSTITUTION	YEAR COMPLETED
Responsible Service of Alcohol		
Responsible Conduct of Gaming		
First Aid		

SKILLS CHECKLIST (please indicate those areas in which you are able to demonstrate skills/experience)

TAB	<input type="checkbox"/>	Beverage service	<input type="checkbox"/>	Keno	<input type="checkbox"/>
Poker machines	<input type="checkbox"/>	Cashier	<input type="checkbox"/>	Cleaning	<input type="checkbox"/>
Door/Reception	<input type="checkbox"/>	Cellar	<input type="checkbox"/>	Waiting	<input type="checkbox"/>
Tray service	<input type="checkbox"/>				

EMPLOYMENT HISTORY AND REFERENCES

Are you currently employed? Yes No

Current / Most recent employer: _____

Position: _____

Employed from: _____ To _____

Responsibilities: _____

Name of supervisor / manager: _____

Contact #: _____

Reason for leaving:

Previous employment: _____

Position: _____

Employed from: _____ To _____

Responsibilities: _____

Name of supervisor / manager: _____

Contact #: _____

Reason for leaving:

Previous employment: _____

Position: _____

Employed from: _____ To _____

Responsibilities: _____

Name of supervisor / manager: _____ Contact #: _____

Reason for leaving: _____

Club York reserves the right to contact previous employers to obtain references.

HEALTH RECORD

Have you ever had any accidents or serious illness, either work related or personal?
 Yes No
 If "Yes" please give details:

Have you ever received Workers Compensation? Yes
 No
 If "Yes" please give details:

Are you aware of any health problem, which may affect your capacity to work?
 Yes No
 If "Yes" please give details:

GENERAL	YES	NO	If Yes provide details
Have you ever had employment terminated due to unsatisfactory work or conduct?			
Have you, in the last five years, been convicted of any offence other than minor traffic infringements?			
Do you have any objection to enquiries of your present employment regarding qualifications and character?			
Is there any additional information you wish to provide?			

DECLARATION

1. I hereby authorise Club York to contact the persons above for the purposes of collecting reference information that relates to suitability for employment.
2. I declare that the information supplied in this application is, to the best of my knowledge both true and complete. I understand that providing false information may be sufficient cause for rejection or, in the case of employment, dismissal.
3. After having read the relevant material, I agree to abide by the Club's policies and procedures as disclosed to me or contained in the staff manual, or any other manuals and documentation directly related to my employment.
4. I agree to complete all reasonable requests of Club York as directed by management. Including working in other areas or capacities than directly stated in my job description.
5. I understand that should this application be successful there will be a six (6) month probation period, during which, if the arrangement does not prove successful, my offer of employment may be rescinded.

Signed _____ Date _____

Please complete only if you are successful:

BANKING DETAILS (pays are processed on Wednesday and is normally cleared by the following day)

BANK NAME: _____

NAME ON ACCOUNT: _____

BSB NUMBER: (6 Digit Number) _____

ACCOUNT NUMBER: _____

-----> Please complete only if you are successful: <----->

LOCKER DEPOSIT – PAYROLL DEDUCTION

NAME: _____ STAFF NUMBER: _____

AMOUNT TO BE DEDUCTED: _____ \$10.00 _____ SIGNATURE: _____