***Application for Employment Form***

**APPLICATION FOR EMPLOYMENT FORM**

**POSITION(S) APPLYING FOR**

**What position or area of the Hotel are you applying to work in?**

**What type of employment are you applying for?**

Salaried Full-time Part-time Casual Any

**PERSONAL DETAILS**

|  |  |
| --- | --- |
| **Date of birth** |  |
| **Name** |  |
| **Address** |  |
| **Contact phone number** |  |
|  |
| **Are you a Permanent Australian Resident?** |
| Yes No If you answered no, what type of Visa do you hold and when does it expire?Do you have any work restrictions under your visa conditions? (e.g. restriction on the number of hours that can be worked)  |
| **Do you hold any current Licences (e.g. Driver’s Licence, Forklift licence)?**  |
| Yes No If you answered yes, what type of licences do you hold? |

**AVAILABILITY (Please tick appropriate boxes)**

|  |
| --- |
| Weekdays Saturdays Sundays Evenings/Nights Public Holidays Christmas & New Year Period If you have restrictions with any days and/or times due to other commitments please list below? |

**EDUCATION & TRAINING**

|  |
| --- |
| **Post-Secondary Education (E.g. university, TAFE, Registered Training Organisation)** |
| **Name of Institution** |  |
| **Qualification** |  |
| **Year Completed** |  |
|  |
| **Name of Institution** |  |
| **Qualification** |  |
| **Year Completed** |  |
|  |
| **Name of Institution** |  |
| **Qualification** |  |
| **Year Completed** |  |
|  |
| **School Education** |
| **Name of School** |  |
| **Highest year achieved** |  |
| **Year Completed** |  |
|  |
| **Have you completed any accredited training courses (e.g. RSA, Attend Gaming Machines)?**  |
| Yes No If you answered yes, please provide details below? |
| **Are you currently approved by Consumer and Business Services (previously known as Office of Liquor and Gambling Commissioner) to work as one of the following?**  |
| Gaming Machine Employee Gaming Machine Manager Responsible Person  |

**EMPLOYMENT HISTORY**

|  |  |
| --- | --- |
| **Name of Business** |  |
| **Position Held**  |  |
| **Dates Employed** |  |
| **Reason for Leaving** |  |
|  |
| **Name of Business** |  |
| **Position Held** |  |
| **Dates Employed** |  |
| **Reason for Leaving** |  |
|  |
| **Name of Business** |  |
| **Position Held** |  |
| **Dates Employed** |  |
| **Reason for Leaving** |  |

**REFEREES**

|  |  |
| --- | --- |
| **Name of Referee** |  |
| **Business**  |  |
| **Position** |  |
| **Contact Number** |  |
|  |
| **Name of Referee** |  |
| **Business** |  |
| **Position** |  |
| **Contact Number** |  |
|  |
| **Name of Referee** |  |
| **Business** |  |
| **Position** |  |
| **Contact Number** |  |

**MEDICAL INFORMATION**

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| --- |
| **Do you have a medical condition and/or restrictions that may impact on, or restrict, your ability to perform the position you have applied for?**  |
| Yes No If you answered yes, please provide details below? |
| **Do you have any allergies that we need to be aware of (e.g. food allergies) ?**  |
| Yes No If you answered yes, please provide details below? |

**GENERAL INFORMATION**

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| --- |
| **Please provide any additional information that you consider relevant to your application?**  |
|  |

I declare that the above information is true and correct and I further understand that should I be employed by the employer, a deliberately false statement made in this application form, may result in disciplinary action being taken against me, which may include possible termination of employment.

Applicant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_/\_\_\_/\_\_\_\_\_