

# Employment Application

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

If you are not an Australian Citizen or Australian Resident, can you provide evidence you are legally entitled to work in Australia?      Yes       No

**Type of Employment Preferred:**

Part Time     Full Time     Casual

**Department Preferred:** (you may tick more than one)

Gaming/Bar     Courtesy Bus     Administration

Kitchen hand     Bistro/Function service

Qualified Chef     Apprentice Chef     Cook

Management     Cafe     Cleaning

When are you available to start? \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Are you prepared to work a flexible or rotating roster which may incorporate night work, day work and weekend shifts?      Yes       No

Are you prepared to work weekends on a very regular basis?      Yes       No

Do you have your own transport?      Yes       No

Are you double vaccinated for Covid-19?      Yes   
Please attach supporting evidence

**Availability (please tick which ones you are available)**

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Night	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Medical**

To assist the Club fulfill its obligations under Occupational Health and Safety Laws, please disclose any information about any injury or medical condition you may have that may:

(a) Prevent you from performing the inherent requirements of the position that you are applying for; or

(b) May pose a risk to the health and safety of yourself, fellow employees or the Club patrons.

Do you suffer from any illness that your employer should be aware of for your own protection, e.g. epilepsy, diabetes, asthma?

Yes       No

If yes please give full details: \_\_\_\_\_

\_\_\_\_\_

**Conditions of Application**

(a) I understand that completion of this application may not lead to an interview.

(b) I understand the offer of employment is subject to a reference check from a previous employer.

(c) I understand that an offer of employment is subject to a reference from my Secondary School/College if I am 22 years of age or younger.

(d) I certify that the information given in this application and any enclosed documents is true and correct.

**Declaration**

I authorise the Club to obtain information from any person concerning my suitability for employment with the Club and I hereby release any such person from liability for any damage, claims, costs and expenses that may arise from the provision of such information. I further declare that a false or misleading answer to any question in this application will be regarded as misconduct and will be grounds for my dismissal from employment.

Signature

Date

\_\_\_\_\_

**Employment History**

Have you previously been employed by Echuca Workers? Yes  No

If yes please give details:

Position \_\_\_\_\_ Period Employed \_\_\_\_\_

Reason for ceasing employment \_\_\_\_\_

Have you had any experience in the hospitality industry? Yes  No

If yes please give details

\_\_\_\_\_

\_\_\_\_\_

**Education /Qualification**

Secondary \_\_\_\_\_ Last year attended \_\_\_\_\_ Qual. Obtained \_\_\_\_\_

University \_\_\_\_\_ Last year attended \_\_\_\_\_ Qual. Obtained \_\_\_\_\_

Trade \_\_\_\_\_ Last year attended \_\_\_\_\_ Qual. Obtained \_\_\_\_\_

**Hospitality Qualification – please attach certificates**

Gaming Industry Employee Licence (issued by the VCGLR) Yes  No

RSA (Responsible Service of Alcohol) Certificate (VIC) Yes  No

RSG (Responsible Service of Gaming) Certificate (VIC) Yes  No

If no, are you currently booked in to attend any of these Certificates? Yes  No

Are you prepared to undertake a police check? Yes  No

Have you ever be convicted of any offence other than minor traffic infringements? Yes  No

**Employment History**

Employer \_\_\_\_\_ Employed from \_\_\_\_\_ to \_\_\_\_\_

Contact \_\_\_\_\_ Position \_\_\_\_\_

Reason for ceasing employment \_\_\_\_\_

Employer \_\_\_\_\_ Employed from \_\_\_\_\_ to \_\_\_\_\_

Contact \_\_\_\_\_ Position \_\_\_\_\_

Reason for ceasing employment \_\_\_\_\_

\_\_\_\_\_

Your details will be kept confidential. Your application will be kept on file for three months.