

# **Balranald Club**

**Balranald District Ex-Services Memorial Club Ltd** 

## **EMPLOYMENT APPLICATION FORM**

tact details						
Mr [ ] Mrs [ ] Ms [ ] Miss [ ]		Preferred Name:				
		_ Surname	Surname:			
Address:						
		State: Post Code:				
		_ Mobile Phone:				
Work Phone:		-				
ibility						
A) Are you over 18 years old?		Yes [ ]	No [ ]	(please attach proof of age)		
B) Are you a permanent resident or citizen of Australia?		Yes[]	No [ ]	(If <b>Yes</b> proceed to part C, if No proceed to number 3)		
C) Are you legally permitted to Australia?	Yes[]	No [ ]				
If you indicated yes to question	n 3), please	indicate vis	sa type:			
k type you are applying for (	vou may tic	k more the	an one l			
Gaming				Management [ ]		
Food and Beverage						
Administration/Office Duties				[ ]		

### 4. Availability for work (please write commencing and finishing times if not available all day)

	All day (tick)	Commencing from	Finishing at	Not available
Sunday	[ ]			[ ]
Monday	[ ]			[ ]
Tuesday	[ ]			[ ]
Wednesday	[ ]			[ ]
Thursday	[ ]			[ ]
Friday	[ ]			[ ]
Saturday	[ ]			[ ]

5. Co	mputer skills/lice	nses and	d certificat	es			
	Microsoft Word	Adv	anced[]	I	ntermed	iate [ ]	Beginner [ ]
	Excel	Adv	anced[]	I	ntermed	iate [ ]	Beginner [ ]
	PowerPoint	Adv	anced[]	I	ntermed	iate [ ]	Beginner [ ]
	Access	Adv	anced[]	I	ntermed	iate [ ]	Beginner [ ]
	Reckon(Q/Books	) Adv	anced[]	I	ntermed	iate [ ]	Beginner [ ]
	Please tick licen Responsible Serv Responsible Cond NSW First Aid Ce Australian Driver's Security Class 1A Other:	rice of Alduct of Go ertificate s License	cohol Certi Sambling C	ficate (NSW	[]	Automatic	[ ] Manual
	ployment history  u have attached yo		ne then plea	ase do not d	continue	fillina out th	nis section
, 00	Position Held						Skills Obtained
7. Edi	ucation & qualific Qualification/Cert		Year Obta	nined	Inst	itution	
By giv	ferences (at least ving the name and ct the following ind	numbers					for [insert club name here] to
	Referee 1				Referee	2	
	Name:			Name:			
	Title:				Title:		
	Company:	· ·		Company	ompany:		
	Contact Number:			ct Number:			
	Referee 3	Referee 4					
	Name:				Name:	_	
	Title:				Title:		
	Company:				Company	<i>/</i> :	

Contact Number:

Contact Number:

#### 9. Additional questions regarding employment history

Have you been convicted of a criminal offence within the past five years?	Yes[]	No [ ]
Have you ever been convicted of an offence relating to theft, dishonesty or gaming?	Yes[]	No[]
Do you have an illness or injury that may prevent you from performing the duties of the position(s) you have applied for, or for which special care needs to be taken in the workplace?	Yes[ ]	No[ ]
If you have answered yes to any of the above questions please provide furt	her details	s here:
anditions of application		

### 10. Conditions of application

- a) I understand that completion of this application may not necessarily lead to an interview.
- b) I understand that an offer of employment is subject to a reference check from a previous employer.
- c) I certify that the information given in this application and any enclosed documentation is true and correct.

Applicant's Signature:	Date: