



COLLARROY SERVICES

BEACH CLUB LTD

ABN: 21 000 509 759

*****PLEASE READ CAREFULLY BEFORE COMPLETING APPLICATION FORM*****

Collaroy Services Beach Club Ltd requires all employment applicants to have obtained the minimum requirements as set out below:

- ⊕ Completion of a Responsible Service of Alcohol course.
- ⊕ Completion of a Responsible Conduct of Gaming course.
- ⊕ Be an Australian resident for taxation purposes or be legally entitled to work in Australia.
- ⊕ Able to provide documented evidence of above requirements.

All applications meeting the above requirements will be considered.

Only successful applicants will be contacted for further interview.

Collaroy Services Beach Club Ltd will retain applications meeting the above requirements for further review for a period of six months only from date of application.

All applications retained are subject to Collaroy Services Club Ltd privacy policy.

NB: As we are a hospitality industry and trade 365 days a year, you will be required to work nights, weekends, public holidays including Christmas, Easter, Anzac Day, New Years Eve and New Years Day etc.

APPLICATION FOR EMPLOYMENT

TAX FILE NO.

POSITION APPLIED FOR: _____

2ND CHOICE: _____TYPE OF POSITION APPLIED FOR: FULL TIME PART TIME CASUAL

AVAILABLE TO COMMENCE: _____

ARE THERE ANY CIRCUMSTANCES KNOWN TO YOU WHICH IN ANY WAY COULD AFFECT YOUR ABILITY TO UNDERTAKE SHIFT WORK OR TO WORK WEEK-ENDS OR OVER-TIME? EG FAMILY RESPONSIBILITIES, TAFE, SPORTING COMMITMENTS. IF YES, PLEASE GIVE FULL DETAILS.

YES NO _____**PERSONAL DETAILS**

MR/MRS/MS/MISS _____ SURNAME _____

FIRST GIVEN NAME _____ OTHER GIVEN NAMES _____

PRIVATE ADDRESS _____

TELEPHONE: HM _____ MOBILE _____ BUSINESS _____

EMAIL _____

DATE OF BIRTH ____/____/____

CAN YOU PRODUCE PROOF OF IDENTITY? E.G. PASSPORT / DRIVERS LICENCE ETC.

YES NO DETAILS _____**PERSON TO NOTIFY IN CASE OF ACCIDENT OR ILLNESS**

NAME _____ RELATIONSHIP _____

ADDRESS _____

TELEPHONE: HM _____ MOBILE _____ BUSINESS _____

EDUCATION

	NAME & LOCATION OF SCHOOL	DURATION OF STUDIES		DEGREE/ CERTIFICATE OBTAINED	MAJOR COURSE OF STUDY
		FROM YR	TO YR		
SECONDARY					
UNIVERSITY					
TAFE					
OTHER					

EMPLOYMENT RECORD (LAST 3 EMPLOYERS & OR LAST 5 YEARS)

EMPLOYER NAME AND ADDRESS	POSITION HELD	EMPLOYED		REASON FOR LEAVING	REFERENCE NAME AND CONTACT NO.
		FROM MTH/YR	TO MTH/YR		

SKILLS (ADMINISTRATION, BAR, GAMING, ETC)

SKILL	EXPERIENCE	REMARKS

HOBBIES/INTERESTS

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MEDICAL

<p>WOULD YOU BE PREPARED TO UNDERGO A MEDICAL EXAMINATION BY THE CLUB'S DOCTOR TO DETERMINE YOUR ABILITY TO CARRY OUT FULL DUTIES OF THE POSITION YOU HAVE APPLIED FOR? YES <input type="checkbox"/> NO <input type="checkbox"/></p>
<p>ARE YOU AWARE OF ANY CONDITION LIKELY TO AFFECT THE FULL PERFORMANCE OF YOUR DUTIES IN EMPLOYMENT? YES <input type="checkbox"/> NO <input type="checkbox"/></p>
<p>IF YES PLEASE GIVE FULL DETAILS (INCLUDING FACILITES OR SERVICES WHICH COULD BE REASONABLY PROVIDED TO ENABLE YOU TO DO THE JOB).</p> <hr/> <hr/> <hr/>

GENERAL

	YES	NO	IF YES, GIVE DETAILS
1. Have you ever been discharged from employment because your work or conduct was not satisfactory?			
2. Have you in the last five years been convicted of any offence other than minor traffic infringements?			
3. Do you have any objection to inquiries of your present employer regarding qualifications and character?			
4. Do you have any objection to us seeking verification and additional information to any matter within this application?			
5. Is there any additional information you wish to give?			

PROBATION

I understand and accept that as a condition precedent to my obtaining the position applied for, I shall have to undergo a probationary period of employment.

DECLARATION

I authorise the Collaroy Services Beach Club Ltd 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, expenses which may arise from the provision of such information. I further declare that the statements made by me in this application are true, complete and correct. I understand 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.

DATE _____ SIGNATURE _____

All applications will be treated with confidentiality and fairness.
Thank you for your interest in the Club.

FOR OFFICE USE ONLY

Code: 1.Outstanding 2.Good 3.Satisfactory

Interview Assessment	Code	Remarks
General Appearance		
Personality		
Language Command:		
a. Self Expression		
b. Comprehension		
Technical Background for Position		
Attitude		
General Comments		

Interview
<u>JOB OFFER:</u> _____
AREA:
RECEPTION <input type="checkbox"/> BAR <input type="checkbox"/>
CHANGE BAR <input type="checkbox"/> ATTENDANT <input type="checkbox"/>
DATE: _____ BY: _____

<u>DOCUMENT/S SIGHTED</u>	
Birth Certificate	<input type="checkbox"/>
Drivers Licence	<input type="checkbox"/>
Passport	<input type="checkbox"/>
Other	<input type="checkbox"/>

<p>REFERENCE CHECK:</p> <p>Reference 1. Comment: _____</p> <p>_____</p> <p>Reference 2. Comment: _____</p> <p>_____</p>
