



APPLICATION FOR EMPLOYMENT

DATE OF APPLICATION.....

PERSONAL DETAILS (to be completed by applicant):

First name:.....Surname:.....

Address:.....Postcode:.....

Telephone: (H).....(W).....(M).....

D.O.B:.....Club Membership No (if applicable):.....

POSITION APPLIED FOR (in order of preference):

1..... 3.....

2..... 4.....

TYPE OF POSITION DESIRED (please tick):

Permanent..... Part Time..... Casual.....

AVAILABILITY FOR WORK (please tick):

Anytime..... Days only..... Nights only..... Weekends..... Other.....

Please note: No leave is guaranteed during December, January, Easter, Long weekends or at other times specified by the company.

GIVE DETAILS OF ANY EXPERIENCE IN THE TYPE OF WORK APPLIED FOR:.....

.....
.....
.....
.....

PERSON TO NOTIFY IN AN EMERGENCY:

Name:..... Telephone (H).....(W).....(M).....

Address:.....Postcode:.....

EMPLOYMENT RECORD (list most recent employer first):

Employer	Contact no.	Position Held	Employed from - to

Reason for leaving previous employment?.....

EDUCATION (start with most recent):

Year	Education/ Course Completed

Have you completed the following courses?

1. Responsible service of Alcohol (RSA).....Yes/No 2. Responsible Conduct of Gambling (RCG).....Yes/No

Note: A copy of the certificates must be attached to your application.

HEALTH RECORD

Do you have any physical problems which would prevent you from carrying out allocated duties?.....Yes/No
 If yes, give details:.....

Are you willing to undergo a pre-employment medical check at your expense if required?.....Yes/No
 If No, give details:.....

GENERAL RECORD

Have you ever been involved in an incident in this club as a visitor, and suspended?.....Yes/No
 If Yes, please give details.....

Have you ever been involved in an incident as a member, and cited?.....Yes/No
 If Yes, please give details.....

Have you been convicted of a criminal offence in the past 5 years?.....Yes/No
 If Yes, please give details.....

Have you been previously employed by Mt Druitt Workers Club?.....Yes/No
 Date started:..... Date Finished:.....
 Details.....

Is there any additional information you wish to give in support of this application?

.....

.....

.....

.....

FOR OVERSEAS TRAVELLERS:

Do you have a permit to work in Australia?.....Yes/No (please attach a copy of your workers permit)

Can you produce a passport or birth certificate?.....Yes/No

REFEREES:

Name:	Position held:	Contact phone number:

PRIVACY STATEMENT (please read this statement carefully):

West Tradies is subject to the provisions of the Privacy Amendment (Private Sector) Act 2001. The personal information provided by you on this application form and any other attached documents will be used to determine your suitability for employment. It may be necessary for the club to disclose or discuss your information with a third party in order to clarify the details. Where required by law this information may be provided to third parties. At your written request this information will not be disclosed or discussed however failure to provide all requested information may result in your application not being accepted.

Prior to employment you have a right to access any personal information that the club may hold about you including a right of correction of your information. If you require any further information please contact Club Administration for a copy of the club's Privacy Policy.

DECLARATION (please read carefully before signing):

1. I hereby authorise West Tradies to secure any information regarding myself, and hereby release any person, firm or institution of all liability for any damage whatsoever from issuing such information.
2. I declare that all information supplied in this application is true, and that any false or misleading information may be grounds for immediate discharge from employment at West Tradies.
3. I have read and understand the Privacy Statement.

If employed, I agree to:

Abide by the policies and procedures of West Tradies

Wear and maintain uniforms as supplied or directed.

Follow all safety regulations and procedures.

Return all company uniforms and property within 7 days of termination.

Pay outstanding monies owing to West Tradies, in full, upon my termination with the company.

5. I agree to have my wages credited to an approved banking account by the pay office each pay day.

6. If employed, I am aware that I will be placed on a probationary period from the date of commencement after which time West Tradies reserves the right to release me from, or to extend such employment.

I agree to undergo a medical examination if requested by Management at my own expense.

(Name)

(Signature)

(Date)

Hello!

Thank you for considering joining us at West Tradies. Our most valuable assets are our people.

To be a successful team member you will need to be able to work in a variety of conditions with a variety of people. Flexibility, along with being a happy, self motivated individual is the key to enjoying your time with us.

It is important to us that you make informed decisions. We would ask you to acknowledge the following.

I understand that the hospitality industry requires that I need to work late nights, weekends, and both public and religious holidays.

I understand that I will be exposed to smoking and second hand smoke.

I understand that I may need to serve alcohol and be exposed to people affected by alcohol.

I understand that I will be exposed to gambling activities and I may need to work on gambling devices.

Name

Signature

Date