



# **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.

**APPLICATION FOR EMPLOYMENT**

TAX FILE NO.

POSITION APPLIED FOR: \_\_\_\_\_

2<sup>ND</sup> 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		

<b>Interview</b>
<b>JOB OFFER:</b> _____
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>
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