

Employment Application Form

We pride ourselves on being an equal opportunity employer who values diversity!

APPLICANT DETAILS:

Full Name:	
Address:	
Phone Number:	Email:
Please indicate your preferred role: <input type="checkbox"/> Food & Beverage <input type="checkbox"/> Gaming <input type="checkbox"/> Chef/Cook <input type="checkbox"/> Kitchen Hand <input type="checkbox"/> Cleaning <input type="checkbox"/> Reception/Administration <input type="checkbox"/> Management <input type="checkbox"/> Other, please specify:	
Are you an Australian Citizen / Permanent Resident, or have a valid working visa? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever been discharged from employment due to serious misconduct (Fraud, theft, risk to Health & Safety)? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever been denied entry to the SS&A, had your membership suspended or have been removed from the venue? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever been convicted of an offence other than a minor traffic infringement? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details: Are you prepared to undertake a national police check <input type="checkbox"/> Yes <input type="checkbox"/> No	

QUALIFICATIONS, CERTIFICATES & EXPERIENCE:

<input type="checkbox"/> NSW RSA <input type="checkbox"/> NSW RCG <input type="checkbox"/> Basic Food Safety <input type="checkbox"/> First Aid <input type="checkbox"/> WHS <input type="checkbox"/> Barista <input type="checkbox"/> Other:
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AVAILABILITY:

	Mon	Tue	Wed	Thu	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"/>
Are you prepared to work late nights, weekends and public holidays on a regular basis? <input type="checkbox"/> Yes <input type="checkbox"/> No Available start date:							

FITNESS FOR WORK:

Are you prepared to attend a pre-employment assessment by the Club's nominated medical or occupational health service provider? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have a pre-existing injury or illness that may pose a risk to your health and safety, or the health and safety of employees or patrons? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details: Do you have an active Workcover claim, or have had a Workcover claim in the past 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide details:

DECLARATION:

I hereby certify that the above information is correct and complete to the best of my knowledge and belief. I understand that, if I am employed, I will be liable to dismissal if any of the statements in my application are found to be deliberately misleading.	
Signature:	Date:
Where did you hear about employment at the SS&A Club? <input type="checkbox"/> Seek <input type="checkbox"/> Website <input type="checkbox"/> Social Media <input type="checkbox"/> Word of mouth <input type="checkbox"/> Jobs Expo <input type="checkbox"/> Job Agency <input type="checkbox"/> Other:	