



## APPLICATION FOR EMPLOYMENT FORM

DOWNLOAD FORM TO ELECTRONICALLY FILL OUT

### POSITION(S) APPLYING FOR:

<b>Which venue(s) are you applying for work in?</b>	
<b>What position or area of the venue(s) are you applying to work in?</b>	
<b>What type of employment are you applying for?</b>	
Salaried <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Casual <input type="checkbox"/> Any <input type="checkbox"/>	

### PERSONAL DETAILS

<b>First Name</b>	
<b>Surname</b>	
<b>Address</b>	
<b>Contact phone number</b>	
<b>Are you a Permanent Australian Resident?</b>	
Yes <input type="checkbox"/> No <input type="checkbox"/>	
If you answered no, what type of Visa do you hold and when does it expire?	
Do you have any work restrictions under your visa conditions? (e.g. restriction on the number of hours that can be worked)	
<b>Do you hold any current Licences (e.g. Driver's Licence, Forklift licence)?</b>	
Yes <input type="checkbox"/> No <input type="checkbox"/>	
If you answered yes, what type of licences do you hold?	



**AVAILABILITY (Please tick appropriate boxes)**

Weekdays       Saturdays       Sundays       Evenings/Nights

Public Holidays       Christmas & New Year Period

If you have restrictions with any days and/or times due to other commitments please list below?

**EDUCATION & TRAINING**

Post-Secondary Education (E.g. university, TAFE, Registered Training Organisation)	
Name of Institution	
Qualification	
Year Completed	
Name of Institution	
Qualification	
Year Completed	
Name of Institution	
Qualification	
Year Completed	
School Education	
Name of School	
Highest year achieved	
Year Completed	



<b>Have you completed any accredited training courses (e.g. RSA, Attend Gaming Machines)?</b>
Yes <input type="checkbox"/> No <input type="checkbox"/>
If you answered yes, please provide details below?
<b>Are you currently approved by Consumer and Business Services (previously known as Office of Liquor and Gambling Commissioner) to work as one of the following?</b>
Gaming Machine Employee <input type="checkbox"/> Gaming Machine Manager <input type="checkbox"/> Responsible Person <input type="checkbox"/>

**EMPLOYMENT HISTORY**

<b>Name of Business</b>	
<b>Position Held</b>	
<b>Dates Employed</b>	
<b>Reason for Leaving</b>	
<b>Name of Business</b>	
<b>Position Held</b>	
<b>Dates Employed</b>	
<b>Reason for Leaving</b>	
<b>Name of Business</b>	
<b>Position Held</b>	
<b>Dates Employed</b>	
<b>Reason for Leaving</b>	

**REFEREES**

<b>Name of Referee</b>	
<b>Business</b>	
<b>Position</b>	
<b>Contact Number</b>	
<b>Name of Referee</b>	
<b>Business</b>	
<b>Position</b>	
<b>Contact Number</b>	
<b>Name of Referee</b>	
<b>Business</b>	
<b>Position</b>	
<b>Contact Number</b>	

**MEDICAL INFORMATION**

<b>Do you have a medical condition and/or restrictions that may impact on, or restrict, your ability to perform the position you have applied for?</b>
<p>Yes <input type="checkbox"/>      No <input type="checkbox"/></p> <p>If you answered yes, please provide details below?</p>   
<b>Do you have any allergies that we need to be aware of (e.g. food allergies) ?</b>
<p>Yes <input type="checkbox"/>      No <input type="checkbox"/></p> <p>If you answered yes, please provide details below?</p>   

