HORNSBY RSL CLUB

Please complete this form, attach your resume' and copies of RSA and RCG certificates and deliver it personally to our Duty Manager who will be giving you a brief interview.

1. CONTACT DE	ETAILS						
MR MRS MS MISS				Date of application:			
First name:		Surnam	ne:		D.O.B:		
Email:			Address:				
Suburb:			State:			Postcode:	
Home:		Mobile:			W	/ork:	
2. ELIGIBILITY	,						
Are you over 18 y	yrs? Yes 🗌 No	Are	you a per	rmanent re	sident or c	itizen of Australia? Yes No	
If not a resident	or citizen are you	ı legally perm	nitted to w	ork in Aust	ralia? Ye	s No	
If you are on an Australian visa, indicate type and number: Type: Number:						Number:	
If you are on an A	Australian visa, p	lease provide	your pass	sport numb	er:		
Do you speak any	y other languages	;? Yes 🗌 N	No 🗌	What langu	age(s)?		
3. AVAILABILI	TY FOR WORK	Place a tick in th	e box to indi	cate when you	ı are available	e to work	
DAY OF WEEK	ALL DAY (TICK)	AM COMMEN	ICE PM COMMENCE		(1	NOT AVAILABLE (PLEASE PROVIDE REASON)	
MONDAY							
TUESDAY							
WEDNESDAY							
THURSDAY							
FRIDAY							
SATURDAY							
SUNDAY							
PLEASE NOTE: All s	staff need to be availa	ble on Thursday	Friday and S	Saturday night	s due to peak	club trading	

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4. WORI	K TYPE &	STATUS YOU	ARE APPLYII	NG FOR Place a tick	in the box to indica	te where you would	like to work
Bar 🗌	Food & E	Beverage 🗌	Administrat	ion 🗌 Gamii	ng 🗌 Cella	ar 🗌 Re	eception [
Status:	Part time	Full	I time 🗌	Casual 🗌			
5. EDUC	ATION AN	ND QUALIFICA	TIONS				
	CERTIF	ICATE	YE	AR OBTAINED		INSTITUTIO	N
6. LICEI	NCES AND	CERTIFICAT	ES OBTAINED	Place a tick in the bo.	x		
Responsi	ible Service	of Alcohol Cer	tificate 🗌	Re	sponsible Condu	ct of Gaming Ce	rtificate 🗌
NSW Firs	st Aid Certi	ficate 🗌	Australiar	n Driver's Licence	Secu	rity Class 1ABC	Licence [
Other Ce	rtificates:						
6. EMPL	OYMENT.	HISTORY If yo	u have attached yo	our resume, do not fill ou	t this section		
POS	ITION	STARTING	ENDING	ORGANISATION	RELEVAI	NT SKILLS OB	TAINED

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8. REFEREE'S Should be work related		s you are giving conse	nt for Hornsby RSL Club to contact them.		
Referee No. 1					
Name:		Work title:			
Company:	Email:		Contact number:		
Referee No. 2					
Name:	lame:		Work title:		
Company:	Email:		Contact number:		
9. PERSONAL HISTORY					
Have you been convicted of a crimir	nal offence withing th	e past 5 years?	Yes No		
Have you ever been convicted of an	offence relating to t	neft, dishonesty o	r gaming? Yes No		
If you answered "YES" to any of the	above questions, ple	ase provide furth	er details below:		
10. PERSON TO NOTIFY IN ASE	OF ACCIDENT OR	ILLNESS			
Name:	Relationship: Contact:		Contact:		
Address:					

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11. HEALTH CONCERNS		
Are you aware of any health Please tick Yes No	problem or mental health condition like	ely to affect your work performance?
12. PROBATION		
	iod of 6 (six) month. At the end of this	ining the position applied for, i shall have to s period the Club may, at it's sole discretion,
13. DECLARATION		
that a false or misleading a grounds for my dismissal fro	nswer to any question in this applicatio	n are true, complete and correct. I understand on will be regarded as misconduct and will be as a hospitality venue i am expected to work:
 Employee Name	 Employee Payroll #	 Employee Signature
		be contacted by phone if required to attend a
	FOR OFFICE USE O	ONLY
Name of interviewer:	,	DATE
Comments:		
Attitude:		Interview recommended: Yes No