



## EMPLOYMENT APPLICATION FORM

### 1. Contact details

Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/>	Preferred Name: _____
First Name: _____	Surname: _____
Address: _____	
Suburb: _____	State: _____ Post Code: _____
Home Phone: _____	Mobile Phone: _____
Work Phone: _____	

### 2. Eligibility

A) Are you over 18 years old?	Yes <input type="checkbox"/> No <input type="checkbox"/>	(please attach proof of age)
Date of Birth: _____		
B) Are you a permanent resident or citizen of Australia?	Yes <input type="checkbox"/> No <input type="checkbox"/>	(If <b>Yes</b> proceed to part C, if No proceed to number 3)
C) Are you legally permitted to work in Australia?	Yes <input type="checkbox"/> No <input type="checkbox"/>	(If <b>No</b> do not proceed)
If you indicated yes to question 3), please indicate visa type: _____		

### 3. Work type you are applying for (you may tick more than one box)

Gaming <input type="checkbox"/>	Security <input type="checkbox"/>	Management <input type="checkbox"/>
Food and Beverage <input type="checkbox"/>	Greenkeeping <input type="checkbox"/>	
Administration/Office Duties <input type="checkbox"/>	If other please specify: _____	

### 4. Availability for work (please write commencing and finishing times if not available all day)

	All day (tick)	Commencing from	Finishing at	Not available
<b>Sunday</b>	<input type="checkbox"/>			<input type="checkbox"/>
<b>Monday</b>	<input type="checkbox"/>			<input type="checkbox"/>
<b>Tuesday</b>	<input type="checkbox"/>			<input type="checkbox"/>
<b>Wednesday</b>	<input type="checkbox"/>			<input type="checkbox"/>
<b>Thursday</b>	<input type="checkbox"/>			<input type="checkbox"/>
<b>Friday</b>	<input type="checkbox"/>			<input type="checkbox"/>
<b>Saturday</b>	<input type="checkbox"/>			<input type="checkbox"/>

### 5. Computer skills/licenses and certificates

<i>Microsoft Word</i>	Advanced <input type="checkbox"/>	Intermediate <input type="checkbox"/>	Beginner <input type="checkbox"/>
<i>Excel</i>	Advanced <input type="checkbox"/>	Intermediate <input type="checkbox"/>	Beginner <input type="checkbox"/>
<i>PowerPoint</i>	Advanced <input type="checkbox"/>	Intermediate <input type="checkbox"/>	Beginner <input type="checkbox"/>
<i>Access</i>	Advanced <input type="checkbox"/>	Intermediate <input type="checkbox"/>	Beginner <input type="checkbox"/>
<i>MYOB</i>	Advanced <input type="checkbox"/>	Intermediate <input type="checkbox"/>	Beginner <input type="checkbox"/>

*Port Macquarie City Bowling Club, Owen Street, Port Macquarie. 2444  
 Phone: 6583 1133 - Fax 6583 1461 - A.C.N.: 001056211*



**Please tick licenses or certificates obtained:**

Responsible Service of Alcohol Certificate [ ]

Responsible Conduct of Gambling Certificate [ ]

NSW First Aid Certificate [ ]

Australian Driver's License [ ]

Security Class 1ABC License [ ] Automatic [ ] Manual

Other:

**6. Employment history**

*\*If you have attached your resume then please do not continue filling out this section*

Position Held	Dates	Organisation	Relevant Skills Obtained

**7. Education & qualifications**

Qualification/Certificate	Year Obtained	Institution

**8. References (at least one should be work related if possible)**

*By giving the name and numbers of these referees you are giving consent for [insert club name here] to contact the following individuals.*

<b>Referee 1</b>		<b>Referee 2</b>	
Name:	_____	Name:	_____
Title:	_____	Title:	_____
Company:	_____	Company:	_____
Contact Number:	_____	Contact Number:	_____
<b>Referee 3</b>		<b>Referee 4</b>	
Name:	_____	Name:	_____
Title:	_____	Title:	_____
Company:	_____	Company:	_____
Contact Number:	_____	Contact Number:	_____



**9. Additional questions regarding employment history**

Have you been convicted of a criminal offence within the past five years?	Yes[ ]	No [ ]
Have you ever been convicted of an offence relating to theft, dishonesty or gaming?	Yes[ ]	No [ ]
Do you have an illness or injury that may prevent you from performing the duties of the position(s) you have applied for, or for which special care needs to be taken in the workplace?	Yes[ ]	No[ ]
If you have answered yes to any of the above questions please provide further details here:		

**10. Conditions of application**

a) I understand that completion of this application may not necessarily lead to an interview.	
b) I understand that an offer of employment is subject to a reference check from a previous employer.	
c) I certify that the information given in this application and any enclosed documentation is true and correct.	
Applicant's Signature:	Date: