EMPLOYMENT APPLICATION

NAME: _____

Address: _____

_____

Mobile: _____ **DOB:** _____

Email Address: _____

POSITION APPLIED FOR: _____

AVAILABILITY: **(Circle Availability)**

MON	TUES	WED	THURS	FRI	SAT	SUN
AM	AM	AM	AM	AM	AM	AM
PM	PM	PM	PM	PM	PM	PM

Are there any circumstances known to you, which in any way could affect your ability to undertake shift work, weekends or overtime? E.g.: family commitments etc. ☐ Yes ☐ No

Comment: _____

EMPLOYMENT: **(From last two employers)**

_____	_____	_____
Contact Name/Employer	**Contact Number**	**Length of Service**
_____	_____	_____
Contact Name/Employer	**Contact Number**	**Length of Service**

Comment: _____

1. Do you have any objection to us seeking verification & additional information to any matter within this application? ☐ Yes ☐ No
2. Do you have any objection to enquiries, of your present employer, regarding qualifications and character? ☐ Yes ☐ No
3. Have your ever been discharged from employment because your work conduct was not satisfactory? ☐ Yes ☐ No

Comment: _____

4. Do you have your RSA? Yes ☐ No ☐
   Do you have your RCG? Yes ☐ No

   Do you have Food Safety Supervisor training certificate? Yes ☐ No ☐

More questions over-leaf

5. **Health and Workers Compensation**

Do you have any previous or current medical condition or restriction, physical or otherwise, which may affect your ability to perform the essential requirements of the job?

This must include any medical condition or restriction arising from a previous workers' compensation claim. Failure to provide such information may jeopardise your rights to workers' compensation if a pre-existing disability is aggravated at work (Section 79 of the Workers' Compensation and Injury Management Act 1981).

Yes ☐ No ☐

If YES, please provide details:

_____

Important Note: Disclosure of a medical condition or restriction does not necessarily exclude an applicant from employment.

6. **Criminal Convictions**

Do you have any convictions for any offences from any court, or are you currently the subject of any charge pending before any court?

Yes ☐ No ☐

If YES, please provide details:

_____

7. **Probation**

I understand and accept that as a condition to my obtaining the position applied for, I shall have to undergo a probationary period of employment.

8. **Declaration**

I authorise the club to obtain information from any person concerning my suitability for employment with the Club and I hereby release any person from liability for any damage, claims or expenses arising from the provision of such information.

I declare that the statements made in this application are true, complete and correct. I understand that false or misleading answers in this application will be regarded as misconduct and could be grounds for my dismissal from employment.

SIGNATURE OF APPLICANT

_____

Date: _____

Privacy: Your application form contains personal information, which will be dealt with in accordance with our Privacy Policy. If you are successful in your application your form will become an employment record. If you are unsuccessful your application form will be destroyed.

OFFICE USE ONLY

Interview stage ☐ Yes ☐ No

Keep on file ☐ Yes ☐ No