**APPLICANT DETAILS:**

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| --- | --- |
| Full Name: | DOB |
| Address: |
| Phone Number: | Email: |
| Please indicate your preferred role:**❑** Food & Beverage **❑** Gaming **❑** Chef/Cook **❑** Kitchen Hand **❑** Cleaning **❑** Reception/Administration **❑** Management **❑** Other, please specify:  |
| Are you an Australian Citizen? **❑** Yes **❑** NoAre you a Permanent Resident, or have a valid working visa? **❑** Yes **❑** NoIf Yes, please supply a copy of Permanent Resident, or Valid Working Visa and PassportHave you ever been discharged from employment due to serious misconduct (e.g. Fraud, theft, risk to Health & Safety)? **❑** Yes **❑** NoHave you ever been denied entry to the SS&A, had your membership suspended or have been removed from the venue? **❑** Yes **❑** NoHave you ever been convicted of an offence other than a minor traffic infringement? **❑** Yes **❑** NoIf yes, please provide details:Are you prepared to undertake a national police check? **❑** Yes **❑** No |

**qualifications, certificates & experience:**

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| **❑** NSW RSA **❑** NSW RCG **❑** Basic Food Safety **❑** First Aid **❑** WHS **❑** Barista **❑** Other: |

**AVAILABILITY:**

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| --- |
|  Mon Tue Wed Thu Fri Sat Sun **Day**  **❑ ❑ ❑ ❑ ❑ ❑ ❑**  |
| **Night**  **❑ ❑ ❑ ❑ ❑ ❑ ❑**Are you prepared to work late nights (3:30am), weekends and public holidays on a regular basis? **❑** Yes **❑** NoLooking for: **❑** FULLTIME **❑** PART TIME **❑** CASUAL Available start date: |

**fitness for work:**

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| --- |
| Are you prepared to attend a pre-employment assessment by the Club’s nominated medical or occupational health service provider? **❑** Yes **❑** 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? **❑** Yes **❑** NoIf yes, please provide details: |
| Do you have an active Workcover claim, or have had a Workcover claim in the past 5 years? **❑** Yes **❑** NoIf yes, please provide details: |

**declaration:**

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| 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?**❑** Seek **❑** Website **❑** Social Media **❑** Word of mouth **❑** Jobs Expo **❑** Job Agency **❑** Other: |