

Have you ever had any workers compensation claims? Yes / No

A WorkCover letter will be required upon commencement of employment.

Workers Compensation details :

Employer : _____

Injury : _____

No. days off work : _____

Date of injury : _____

I _____ hereby give Harrup Park Country Club authorisation to contact referees for confidential reports.

All applications remain confidential and the property of Harrup Park Country Club. They may be destroyed after six months.

Signature

Date



Employment Application Form

Confidential

Date : _____

Harrup Park Country Club us an equal opportunity employer. Applications are valid for six (60 months from submission date. Attach any relevant documents that may assist your application, eg. Certificates.

Please use block letters and complete all details

In completing this application form, I understand that all statements divulged are true and correct. If any of the information supplied is false or misleading, I understand that my application may be rejected or employment terminated.

Position applied for :

- Reception
- Chef
- Waitress
- Kitchen hand
- Coffee shop attendant

- Bar attendant
- Gaming machine attendant
- Grounds person
- Greenkeeper
- Other : _____

Title : Mr / Mrs / Miss / Ms / Other _____

Name : _____
Surname Given Names

Address : _____

Suburb Postcode

Phone : ah _____ bh _____
mob _____ email _____

Date of birth : ____ / ____ / ____ Place of birth : _____

Next of kin : _____

Relationship : _____

Address : _____

Suburb

Postcode

Phone : ah _____ bh _____

mob _____

Are you legally entitled to work in Australia? Yes / No

What language/s other than English do you speak, read or write? _____

Will you work shift work? Yes / No

Have you previously been employed by Harrup Park Country Club? Yes / No

Position	From	To	Reason Left

List 3 previous employers, including your current position (if applicable).

	Employer 1	Employer 2	Employer 3
Company			
Address			
Phone			
From			
To			
Position			
Reason left			

Please list the name and address of three work referee's from whom confidential reports may be obtained.

(1) Employer : _____

Supervisor : _____

Address : _____

Phone : bh _____

(2) Employer : _____

Supervisor : _____

Address : _____

Phone : bh _____

(3) Employer : _____

Supervisor : _____

Address : _____

Phone : bh _____

Tick box of relevant qualifications held :

- First aid certificate
 Licenses
 TAFE courses
 Trade certificates
 Blue card
 Other

Have you ever suffered any illness or injury, or do you have any condition which could make it unsafe for you to undertake any of the duties of the position applied for? Yes / No

Do you have any illness or other medical condition/s such as Hepatitis which would create health issues if working in a food or beverage service area? Yes / No

Are you now taking any stimulants, sedatives, medications or drugs? Yes / No