

Currumbin Beach Surf Lifesaving Club Inc Supporters

Association

ABN 42 090 436 422

Application Form

Date of Application: _____

Instruction for Managers

1. Form is to be given to applicants prior to an interview.
2. Information used for the recruitment process only.
3. Form shredded if not employing or filed on staff file.

Instruction for Applicant

1. Complete as part of your application.
2. Provide the form to the Manager or Staff Member.

For Your Information

The information within the Application will be used only for Recruitment Processes and will be distributed to the Manager. Applications will be kept confidential.

Work Request Information

First Name: _____

Last Name: _____

- Preferred Position(s): (Please tick)
- Restaurant
 - Bar
 - Glassie
 - Reception
 - Functions & Events
 - Chef
 - Kitchenhand
 - Duty Manager
 - Department Supervisor

- Preferred Work option: (Please tick)
- Full Time
 - Part Time
 - Casual

- When can you start work? (Please tick)
- Immediately
 - 1 week from Application
 - 2 weeks from Application
 - Other, Please specify: _____

- Availability to Work: (Please tick)
- Every day including shift work
 - Week days only
 - Weekends only
 - Day time only
 - Other – please specify: _____

How many hours per week are you Available or seeking : _____

Personal Information

Home Number: _____

Are you an Australian Citizen? (please circle)

YES / NO

Mobile Number: _____

Permanent / Temporary

If not, what is your current residency status?

Type of Visa: _____

Email Address: _____

Expiry Date: _____

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Employment History

Please list most recent position first:

Dates (Start and End Dates)	Position Held	Organisation	Referee, Position and Contact Number

Education

Institution	Date From	Date To	Course	Level Achieved

Other Skills and Achievements

Please list other skills which may assist you with your application (i.e. computer skills, awards and achievements)

Details

Capacity to Work Declaration

Are you over the legal minimum working age?	Yes / No
Date of Birth (Junior Positions Only) _____ / _____ / _____	
Can you meet the requirements of start and finish times of shifts?	Yes / No
Due to Occupational Health and Safety requirements, do you have any condition that will cause you to be absent from the workplace for prolonged periods of time and/or pose a significant risk to others?	Yes / No
If yes, state details:	
Do you have any condition that will, in any way, hinder your current or future ability to perform the position for which you have applied?	Yes / No
If yes, state details:	

Applicant Declaration

I certify that the information supplied in my resume and within this Employment Application is true and correct to the best of my knowledge. I understand that false, misleading or non-disclosure of information may result in future disciplinary action including termination of employment. I authorise for my referees to be contacted.

Name: _____

Signature: _____

Date: _____