



Wharf St Tweed Heads NSW Australia
 PO Box 369 Tweed Heads NSW 2485
Ph: (07) 5536 2277
Fax: (07) 5536 2753
Email: ttsc@twintowns.com.au
Website: www.twintowns.com.au
ABN: 61 001 042 833

Twin Towns Services Club Ltd engages employees under Australian Workplace Agreements and as such is subject to the terms and conditions of such agreements. Twin Towns is an Equal Opportunity Employer.

CONFIDENTIAL APPLICATION FOR EMPLOYMENT

COMPLETE ALL SECTIONS

DATE.....

PERSONAL DATA

MR/MRS/MISS/MS: _____ SURNAME _____
 ADDRESS _____ RESIDENTIAL: _____ P/CODE: _____
 POSTAL: _____ P/CODE: _____
 TELEPHONE: (H) _____ (W) _____ (MOB) _____
 NEXT OF KIN: _____
 (IN CASE OF EMERGENCY)

CAN YOU PRODUCE PROOF OF IDENTITY? PASSPORT BIRTH CERTIFICATE DRIVER'S LICENCE

ARE YOU LEGALLY ENTITLED TO WORK IN AUSTRALIA? YES NO

POSITION APPLIED FOR

PERMANENT CASUAL EITHER

FIRST CHOICE: _____

SECOND CHOICE: _____ OTHER: _____

I WOULD BE AVAILABLE TO COMMENCE WORK: _____

EDUCATION/CERTIFICATES

SCHOOL/COLLEGE	LEVEL ACHIEVED/CERTIFICATE	FROM	TO

DEGREES & CERTIFICATES NSW RSA CERTIFICATE NSW ROC CERTIFICATE **COPY OF CERTIFICATES REQUIRED**

EMPLOYMENT HISTORY

Please list, starting with your MOST RECENT EMPLOYMENT

1)

Company Name _____ Address: _____ Telephone: _____

Position/s Held: _____

Duties and Responsibilities: _____

Period of Service: _____ to _____ Reason for Leaving: _____

2)

Company Name _____ Address: _____ Telephone: _____

Position/s Held: _____

Duties and Responsibilities: _____

Period of Service: _____ to _____ Reason for Leaving: _____

3)

Company Name _____ Address: _____ Telephone: _____

Position/s Held: _____

Duties and Responsibilities: _____

Period of Service: _____ to _____ Reason for Leaving: _____

PLEASE ADD ANY OTHER DETAILS YOU CONSIDER TO BE RELEVANT TO THE POSITION YOU ARE APPLYING FOR:

GENERAL

ARE YOU A MEMBER OF TWIN TOWNS SERVICES CLUB? YES NO

HAVE YOU EVER BEEN EMPLOYED BY TWIN TOWNS SERVICES CLUB LTD? YES NO

IF YES, PROVIDE DETAILS: _____

ARE YOU AVAILABLE TO UNDERTAKE SHIFT WORK, WEEKEND WORK OR OVERTIME? YES NO

IF NO, PROVIDE DETAILS: _____

AVAILABILITY: DAY MON TUES WED THUR FRI SAT SUN
EVENING MON TUES WED THUR FRI SAT SUN

HAVE YOU EVER BEEN DISCHARGED FROM EMPLOYMENT BECAUSE YOUR WORK OR CONDUCT WAS NOT SATISFACTORY? YES NO

IF YES, PROVIDE DETAILS: _____

WHY DO YOU WISH TO WORK IN THE HOSPITALITY INDUSTRY _____

OCCUPATIONAL HEALTH AND SAFETY

To assist the Club to fulfil its obligations under occupational health and safety laws, please disclose any information about any disability or medical condition you have that may:

- (i) prevent you from performing the inherent requirements of any position within the club; or
- (ii) pose a risk to your health and safety, or the health and safety of your fellow employees in the workplace.

Would you be prepared to undergo a pre-employment assessment by the Club doctor, as required, to determine your capability to perform the full duties of any position you may apply for? YES NO

REFERENCES PLEASE PROVIDE THREE REFERENCES (EXCLUDE RELATIVES)

NAME	OCCUPATION	TELEPHONE	YEARS KNOWN
_____	_____	_____	_____
_____	_____	_____	_____

DECLARATION

I understand and accept that as a condition precedent to my obtaining a position, I shall have to undergo a three month probationary period. I authorise the club to obtain information from any person concerning my suitability for employment with the club and have no objection to them seeking verification and additional information to any matter within this application. I hereby release any such person from liability of any damage, claims, costs, expenses which may arise from the provision of such information. I further declare that the above information is correct and complete. As Twin Towns Services Club is a hospitality organisation I will provide Quality Customer Service at all times as a condition of my employment. I understand and agree that a false statement may disqualify me from employment or be grounds for dismissal.

SIGNATURE: _____ DATE: _____

OFFICE USE ONLY

DATE OF COMMENCEMENT _____	CASUAL <input type="checkbox"/> PERMANENT <input type="checkbox"/>
COMMENCING HOURLY RATE \$ _____	AUTHORISED BY _____
CLASSIFICATION CHANGED TO DATE _____	AUTHORISED BY _____
TERMINATION DATE _____	AUTHORISED BY _____
FORWARDING ADDRESS FOR SERVICE OF NOTICES _____	UNIFORMS ISSUED _____
_____	IDENTIFICATION NO. _____
_____	UNIFORMS RETURNED _____
CLUB MEMBERSHIP T.T.S.C _____	ID TAG RETURNED _____
CATEGORY _____	_____
FIRST INTERVIEW _____	SECOND INTERVIEW _____
_____	_____
INDUCTION DATE _____	_____

Twin Towns Services Club Ltd Employment Application Privacy Statement: Twin Towns Services Club is subject to the provisions of the Privacy Act 1988. The personal information provided by you on this form/application and attached documents will be used to process your employment application. Failure to provide all requested information may result in your application being rejected.