



EMPLOYMENT APPLICATION FORM

Applicant Details:

Surname: _____

Title: Dr / Mr / Mrs / Miss / Ms

Given Names: _____

Preferred Name: _____

Address: _____ Postcode: _____

Phone (h): _____ (m) _____ (b) _____

Date of Birth: ____/____/____ Can you produce identification? YES / NO

Are you legally entitled to work in Australia? YES / NO

Do you have any criminal offences which are relevant to the position you are applying for? YES / NO

If YES, please provide details? _____

Do you have any objection to a Police Check? YES/NO

If YES, please provide details? _____

Position:

Position Applying For: _____

Employment Status Requesting: Full Time / Part Time / Casual

Was the position advertised? YES / NO

Have you previously applied for this position? YES / NO

Why have you applied for this position? _____

Availability:

Start date: _____ Maximum hours per week: _____

Spread of hours available: _____

Are there any circumstances known to you which in any way could affect your ability to undertake shift work or to work on weekends? YES / NO

If yes, please provide full details: _____

Qualifications / Education:

Please outline all relevant formal qualifications and training.

School/College/University/ Professional Institution	Year From/To	Highest Standard Passed or Certificate / Diploma / Degree Obtained	Expiration (if relevant)

Details of other relevant training courses or other studies completed, or currently being undertaken:

Do you have: NSW Responsible Service of Alcohol Certificate YES / NO
 NSW Responsible Conduct of Gaming Certificate YES / NO

Employment History:

Please provide details in order of previous positions held, commencing with your current / most recent position.

Company Name & Address	Employed From/To	Position/s Held	Duties Involved

List any other relevant experience, qualifications or skills that you wish to provide to support this application:

Do you have any objections to enquiries of your present or past employer/s regarding qualifications, experience and work performance? YES / NO

If yes, please provide reasons for objection. _____

Referees:

Please provide details of three referees (not relatives) you wish to nominate who have had a professional contact with you over at least the past five years.

Name	Position	Company	Telephone

Medical Details:

Are you prepared to attend an occupational medical examination? YES / NO

If not, please explain. _____

Do you suffer from any allergies? YES / NO

If yes, please outline. _____

Do you have any illness, medical condition or physical disability that would affect your ability to effectively perform any tasks required for you? YES / NO

If yes, please provide full details. _____

General Information:

Have you previously been employed by YMGCR? YES / NO

If yes, state positions held and dates employed: _____

Do you hold a valid driver's licence? YES / NO Expiry Date: ____/____/____

Are you aware of any circumstances that might adversely affect your immediate and long-term employment with YMGCR? YES / NO

If yes, please outline. _____

Do you have any objection to YMGCR seeking verification and additional information relating to any matter within this application? YES / NO

If yes, why? _____

Conditions of Employment:

I agree that if my application for employment is accepted:

1. I understand that YMGCR has a number of policies and procedures presently in force, and as amended from time to time in the future.
2. I will work shift work, weekends and public holidays as required by YMGCR.
3. I agree to abide by all safety regulations and to properly use equipment.

I declare that the above-mentioned particulars are complete and accurate in every detail. I understand that should any information that I have provided be found to be false or misleading, my employment may be instantly terminated without notice.

Signature of Applicant: _____

Date: ____/____/____