



THE UNIVERSITY CLUB OF WESTERN AUSTRALIA EMPLOYMENT APPLICATION FORM

PERSONAL DETAILS	
TITLE:	GIVEN NAME: _____ SURNAME: _____
ADDRESS: _____	
SUBURB: _____	POST CODE: _____ STATE: _____
MOBILE: _____	HOME PHONE: _____
EMAIL ADDRESS: _____	
Can you prove you are over 18 years of age?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Are you are an Australian resident / citizen?	<input type="checkbox"/> YES <input type="checkbox"/> NO
If not, do you have a current Work Visa?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Type of visa: _____ Expiry Date: _____	

APPLICATION DETAILS	
POSITIONS APPLYING FOR, IN ORDER OF PREFERENCE: 1. _____ 2. _____ 3. _____ <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> CASUAL / TEMP	AVAILABILITY TO WORK: <input type="checkbox"/> Every day <input type="checkbox"/> Week days only <input type="checkbox"/> Weekends only <input type="checkbox"/> Day time only <input type="checkbox"/> Other: please specify

EMPLOYMENT HISTORY			
(list most recent positions first)			
	1	2	3
DATES:			
POSITION:			
ORGANISATION:			
SUMMARY OF DUTIES:			
REFEREE NAME:			
REFEREE CONTACT NO:			

TRAINING & QUALIFICATIONS			
Do you hold the following licenses / certificates:			
Responsible Service of Alcohol	<input type="checkbox"/> YES <input type="checkbox"/> NO	Current Senior First Aid Certificate	<input type="checkbox"/> YES <input type="checkbox"/> NO
WA Drivers License	<input type="checkbox"/> YES <input type="checkbox"/> NO	Liquor License	<input type="checkbox"/> YES <input type="checkbox"/> NO

Are you currently undertaking a course of study? (please provide details)

Do you have any qualifications relevant to the position for which you are applying? (please provide details)

CAPACITY TO WORK

Do you have any medical conditions or pre-existing injuries that may affect your ability to do the job or work the required hours? If yes, please provide details:

YES NO

Do you have any condition or injury that may pose a significant risk to others? If yes, please provide details:

YES NO

Have you ever claimed workers' compensation? If yes, please provide details:

YES NO

If required, would you be willing to undertake an alcohol and / or drug test?

YES NO

Do you have any criminal convictions? If yes, please provide details:

YES NO

GROOMING STANDARDS

The University Club's Grooming and Uniform policies require high standards of personal presentation from all staff members at all times. According to the policy, visible facial piercings and visible tattoos are not permitted. No extreme hair styles or colours are permitted. The wearing of make-up and jewellery is to be modest. Uniforms must be maintained in good condition.

If your application for employment is successful, do you agree to comply at all times with the Grooming and Uniform policies?

YES NO

PRIVACY STATEMENT

Please note that information provided in this application form is to be used only for recruitment purposes within the University Club of Western Australia.

APPLICANT DECLARATION

I declare that all information provided in this application is true and correct. I understand that any misrepresentation of facts in this application could be cause for termination if employed.

I understand that part of the application procedure may involve a medical examination by a medical officer nominated by The University Club of Western Australia. I authorise disclosure of the results of this examination to The University Club of Western Australia.

I understand that, in some instances, I may need to provide a police clearance.

I consent to any reference checks which may be necessary to support this application.

Applicant Name

Signature

Date