



# Club Glenvale Application Form

**Instruction for Managers**

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

**Instruction for Applicant**

- Complete as part of your application.
- 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: \_\_\_\_\_

Preferred Work option:  
(Please tick)

Full Time  
 Part Time  
 Casual

Other Positions you would consider: \_\_\_\_\_  
\_\_\_\_\_

Availability to Work:  
(Please tick)

Every day including shift work  
 Week days only  
 Weekends only  
 Day time only  
 Other – please specify:

When can you start work? \_\_\_\_\_

Hours you are Available: \_\_\_\_\_

### Personal Information

Contact Details: \_\_\_\_\_

Are you an Australian Citizen? Yes / No

Home Number: \_\_\_\_\_

If not, what is your current residency status? Permanent / Temporary

Type of Visa: \_\_\_\_\_

Expiry Date: \_\_\_\_\_

Mobile Number: \_\_\_\_\_

Date of Birth '...../...../.....'

Email Address: \_\_\_\_\_

Have you completed any of the following, if so please supply copies before commencing employment:

- |  |                 |
|--|-----------------|
| <b>RMLV Licence</b>                                  | <b>Yes / No</b> |
| <b>Responsible Service of Alcohol Certificate?</b>   | <b>Yes / No</b> |
| <b>Responsible Service of Gaming Certificate?</b>    | <b>Yes / No</b> |
| <b>Senior First Aid Certificate?</b>                 | <b>Yes / No</b> |
| <b>Workplace Health &amp; Safety Officer course?</b> | <b>Yes / No</b> |
| <b>Rehabilitation Coordinator Course?</b>            | <b>Yes / No</b> |
| <b>Do you have a Fork-Lift Driver's Licence?</b>     | <b>Yes / No</b> |
| <b>Do you have a current Driver's Licence?</b>       | <b>Yes / No</b> |
| <b>Blue Card</b>                                     | <b>Yes / No</b> |

# Toowoomba Hockey Association

ABN 50 395 513 486

## 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? Date of Birth (Junior Positions Only) / /	Yes / No
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? If yes, state details:	Yes / No
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? If yes, state details:	Yes / No

## 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: \_\_\_\_\_

Staff Action:

Application Received ..... Date received ...../...../.....

Copies of Certificates supplied.....