



EMPLOYMENT APPLICATION FORM

1. Contact details

Mr [] Mrs [] Ms [] Miss []	Preferred Name: _____
First Name: _____	Surname: _____
Address: _____	
Suburb: _____	State: _____ Post Code: _____
Home Phone: _____	Mobile Phone: _____
Work Phone: _____	DOB: _____
Next of Kin: _____	Contact Number: _____
EMAIL: _____	

2. Tax/Superannuation/Bank Details

Banking Details

Bank: _____ Branch: _____

Account Name: _____

BSB: _____ Account Number: _____

Tax Details

Tax File Number: _____

Will you be claiming Tax Free Threshold from this job? YES/NO

Superannuation

Superannuation Provider: _____

Fund Number: _____

Address: _____

Account Name: _____

Account Reference: _____

3. Eligibility

A) Are you over 18 years old?	Yes [] No []	(please attach proof of age)
B) Are you a permanent resident or citizen of Australia?	Yes [] No []	(If No proceed to part C, if Yes proceed to number 3)
C) Are you legally permitted to work in Australia?	Yes [] No []	(If No do not proceed)
If you indicated yes to question 3), please indicate visa type:		

4. Work type you are applying for (you may tick more than one box)

Gaming	<input type="checkbox"/>	Security	<input type="checkbox"/>	Management	<input type="checkbox"/>
Food and Beverage	<input type="checkbox"/>	Greenkeeping	<input type="checkbox"/>		
Administration/Office Duties	<input type="checkbox"/>	If other please specify:			

5. Availability for work (please write commencing and finishing times if not available all day)

	All day (tick)	Commencing from	Finishing at	Not available
Sunday	<input type="checkbox"/>			<input type="checkbox"/>
Monday	<input type="checkbox"/>			<input type="checkbox"/>
Tuesday	<input type="checkbox"/>			<input type="checkbox"/>
Wednesday	<input type="checkbox"/>			<input type="checkbox"/>
Thursday	<input type="checkbox"/>			<input type="checkbox"/>
Friday	<input type="checkbox"/>			<input type="checkbox"/>
Saturday	<input type="checkbox"/>			<input type="checkbox"/>

6. Computer skills/licenses and certificates

<i>Microsoft Word</i>	Advanced <input type="checkbox"/>	Intermediate <input type="checkbox"/>	Beginner <input type="checkbox"/>
<i>Excel</i>	Advanced <input type="checkbox"/>	Intermediate <input type="checkbox"/>	Beginner <input type="checkbox"/>
<i>PowerPoint</i>	Advanced <input type="checkbox"/>	Intermediate <input type="checkbox"/>	Beginner <input type="checkbox"/>
<i>Access</i>	Advanced <input type="checkbox"/>	Intermediate <input type="checkbox"/>	Beginner <input type="checkbox"/>
<i>MYOB</i>	Advanced <input type="checkbox"/>	Intermediate <input type="checkbox"/>	Beginner <input type="checkbox"/>
Please provide a copy of licenses or certificates obtained:			
Responsible Service of Alcohol Certificate	<input type="checkbox"/>		
Responsible Conduct of Gambling Certificate	<input type="checkbox"/>		
NSW First Aid Certificate	<input type="checkbox"/>		
Australian Driver's License	<input type="checkbox"/>		
Security Class 1ABC License	<input type="checkbox"/>	<input type="checkbox"/> Automatic	<input type="checkbox"/> Manual
Other:			

7. Employment history

**If you have attached your resume then please go to 9.*

Position Held	Dates	Organisation	Relevant Skills Obtained

8. Education & qualifications

Qualification/Certificate	Year Obtained	Institution

9. References (at least one should be work related if possible)

By giving the name and numbers of these referees you are giving consent for Toongabbie Sports Group to contact the following individuals.

Referee 1	Referee 2
Name: _____	Name: _____
Title: _____	Title: _____
Company: _____	Company: _____
Contact Number: _____	Contact Number: _____
Referee 3	Referee 4
Name: _____	Name: _____
Title: _____	Title: _____
Company: _____	Company: _____
Contact Number: _____	Contact Number: _____

10. Additional questions regarding employment history

Have you been convicted of a criminal offence within the past five years?	Yes[<input type="checkbox"/>]	No [<input type="checkbox"/>]
Have you ever been convicted of an offence relating to theft, dishonesty or gaming?	Yes[<input type="checkbox"/>]	No [<input type="checkbox"/>]
Do you have an illness or injury that may prevent you from performing the duties of the position(s) you have applied for, or for which special care needs to be taken in the workplace?	Yes[<input type="checkbox"/>]	No[<input type="checkbox"/>]
If you have answered yes to any of the above questions please provide further details here:		

11. Conditions of application

a) I understand that completion of this application may not necessarily lead to an interview.	
b) I understand that an offer of employment is subject to a reference check from a previous employer.	
c) I certify that the information given in this application and any enclosed documentation is true and correct.	
d) I understand that if offered employment the job will be subject to a minimum probation period of three (3) months.	
Applicant's Signature: _____	Date: _____

Training Checklist

Staff Name: _____

Training Commenced: _____

Date: _____ Trainer: _____ Signed: _____

Date: _____ Trainer: _____ Signed: _____

Date: _____ Trainer: _____ Signed: _____

ITEM	DETAILS	Trainee Sign	Trainer Sign	Documents Provided
Starting Work	Bundy Clock, Reporting to DM			
Club Policy	Overview of Policy Handbook – Provided			
Club Entry	Overview of Club Entry Requirements			
RSA	Explain RSA process, opened products and Alcohol Management Plan - Provided			
Structure	Who to see for what, Catering			
Cash Handling	Overview, include balancing			
Complaints	Overview			
Leave Applications	Overview			
Roster	Overview			
RCG	Self Exclusions, etc			
AUSTRAC	Reporting, Customer ID, Suspicious Matters . AML/CTF Manual - Provided			
Security	Staff Entry, Guards, Cash Handling			
Balancing Float	How to			
Carpark	Staff Parking			

I _____ acknowledge having the above explained to me to a level satisfactory to complete my duties in a self sufficient manner.

You are now authorised to redeem Gaming Machine Tickets on behalf of the club.

Signed,

x _____ Date: _____