



## GOULBURN SOLDIERS CLUB LTD APPLICATION FOR EMPLOYMENT

Date of Application: \_\_\_\_\_

Position Applied For: \_\_\_\_\_ Second Preference: \_\_\_\_\_

Type of Position: Full Time  Part Time  Casual

Available to commence employment on: \_\_\_\_\_

Are there any circumstances known to you which in any way could affect your ability to undertake shift work, week-ends or overtime? *Eg. Family responsibilities, spouse etc.* Yes  No

If yes, please give full details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### PERSONAL DETAILS

Mr/ Mrs/ Miss/ Ms. Surname: \_\_\_\_\_ Given Names: \_\_\_\_\_

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

Home Telephone: ( ) \_\_\_\_\_ Business Telephone: ( ) \_\_\_\_\_

Mobile: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

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

Can you produce identification? Passport or Birth Certificate? Yes  No

Are you legally entitled to work in Australia? Yes  No

Do you have a current RSA certificate? Yes  No  Expiry Date: \_\_\_\_\_

Do you have a current RCG certificate? Yes  No  Expiry Date: \_\_\_\_\_

### ACCIDENT OR ILLNESS NOTIFICATION

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_

### EMPLOYMENT HISTORY

Employment Record (*last 3 employers or last ten years, last employer first*)

Employer Name, Address & Phone No.	Position Held	Employed Dates	Reason for Leaving	Reference
------------------------------------	---------------	----------------	--------------------	-----------

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## EDUCATION STANDARD REACHED

Primary: \_\_\_\_\_

Secondary: \_\_\_\_\_

University: \_\_\_\_\_

Technical / Professional: \_\_\_\_\_

Other: \_\_\_\_\_

Relevant Technical skills (*Clerical, Chef, Waiter, Steward etc.*) \_\_\_\_\_

\_\_\_\_\_

Transportable Skills (*foreign languages, first aid, sign writing, computer literacy etc*) \_\_\_\_\_

\_\_\_\_\_

Hobbies and Interests: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

---

## MEDICAL

Are you prepared to attend a medical examination by the Club's Doctor if required? Yes  No

Have you ever had any serious illness, injury or operation? Yes  No

If yes, please give full details: \_\_\_\_\_

\_\_\_\_\_

Details of Workers Compensation Claims: \_\_\_\_\_

\_\_\_\_\_

Are you aware of any physical or mental condition likely to affect the full performance of your duties in employment?

Yes  No

If yes, please give full details: \_\_\_\_\_

\_\_\_\_\_

---

## GENERAL

1) Have you ever been discharged from employment because your work or conduct was not satisfactory? Yes  No

If yes, please give details: \_\_\_\_\_

\_\_\_\_\_

2) Have you ever been convicted of any offence other than minor traffic infringements? Yes  No

If yes, please give details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- 3) Do you have any objections to enquiries of your present employer regarding qualifications and character?  
Yes  No
- 4) Do you have any objection to us seeking verification and additional information to any matter within this application?  
Yes  No
- 5) Do you have any objections to us seeking a police check? Yes  No
- 6) Do you regularly use drugs or any medication? Yes  No   
If yes, please give full details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 7) Is there any additional information you wish to give to support your application? Yes  No
- 8) Are you a member of the club? Yes  No   
If yes, are you willing to relinquish your membership to a staff membership whilst employed by the club?  
Yes  No
- 9) Do you agree to work shift work and overtime (*including call backs*) if required? Yes  No   
Do you agree that for the purpose of safeguarding the Club and employee's property,  
the management reserves the right to examine any package/contained or whatever,  
when entering and leaving the premises. Yes  No

Drinking whilst on duty, before, commencing or during breaks is against Club policy and is a dismissible offence.

Smoking whilst on duty is against Club policy and is a dismissible offence.

Do you agree to abide by these rules? Yes  No

The terms of your employment provide for a period of three (3) months probation, and such additional time not exceeding one month, as may be mutually agreed.

Wages are paid directly into a bank account.

Prior to being offered employment I may be required to undergo verbal interview, as well as schools assessment evaluation, as part of the employment process.

---

## EMPLOYEE STATEMENT OF CONFIDENTIALITY

In being accepted for employment on behalf of the Goulburn Soldiers Club, I recognise that my position may bring me into contact with privileged and confidential information. I appreciate the sensitivity of information that will be received, compiled or collated during my employment. As such I will maintain a professional "code of silence" at all times during and after my employment.

I accept that there is a company culture, pride, corporate loyalty and team building program in place, driven by the human resource department of this operation. I accept that training courses and staff motivation activities will need my participation to ensure that a high level of morale, confidentiality and professionalism is maintained at all times.

I accept that failure to comply with the above or any breach pertaining to the privacy and confidentiality of all the clients and of the Goulburn Soldiers Club (*which is of paramount importance to this company*) will result in disciplinary procedures and possible termination.

## DECLARATION

If accepted for employment , I agree to carry out all duties allocated to me in accordance with the Occupational Health and Safety Act 1983 and the Clubs policy as such, the framework of the award, definitions and conditions as contained in the federated liquor and allied industries employees (club employees state award in force at this time or any further amendments of such acts and awards).

I agree to accept all reasonable directions of management and/or the delegated authority and to adhere to the rules of the Club. If accepted for casual employment, I acknowledge that no set hours of employment can be guaranteed to me by the Club. If accepted for employment I understand that I will be on a 1 month trial and 3 month probation period of which the club as employer, and myself as employee, has the right to access for suitability for continuing employment.

I authorise the club to obtain information from any person concerning my suitability for employment with the Club, and hereby release any such person from damage claim or cost expenses which may arise from the provision of such information. I understand the above conditions of employment, and further declare that the statements made by me in this application are true, complete and correct. I understand that a false or misleading answer to any question in this application will be regarded as misconduct and will be grounds for any dismissal from employment. I acknowledge that the Club has security cameras installed.

I acknowledge that this is an application for employment and not a contract of employment of the Goulburn Soldiers Club.

I declare that I am not a close relative of a Club Director or the Club Manager.

(Close Relative is defined as: a parent, child, brother, sister, spouse or de facto partner OR the spouse or de facto partner of the person's parent, child brother or sister.)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness Name: \_\_\_\_\_ Witness Signature: \_\_\_\_\_

All applications will be treated with confidentiality and fairness. Thank you for your interest in the Club, best wishes.

---

FOR OFFICE USE ONLY

INTERVIEW ASSESSMENT code 1 - Outstanding code 2 - Excellent code3 - Good  
code 4 - Satisfactory code 5 - Fair code 6 - Poor

First Interview: Date: \_\_\_\_\_ By: \_\_\_\_\_

Table with 3 columns: Code, Remarks, and Assessment categories (General Appearance, Dress & Grooming, Personality, Language command, etc.).

Second Interview: Date: \_\_\_\_\_ By: \_\_\_\_\_

Table with 3 columns: Code, Remarks, and Assessment categories (General Appearance, Dress & Grooming, Personality, Language command, etc.).

Reference Check: \_\_\_\_\_

Documents Sighted: Birth Certificate [ ] Passport [ ]

Medical: \_\_\_\_\_

Job Offer: Job Title: \_\_\_\_\_ Salary: \_\_\_\_\_

To Start on: \_\_\_\_\_ Job Status: Fulltime [ ] Part-time [ ] Casual [ ]

Date: \_\_\_\_\_ Signed: \_\_\_\_\_

ID Number: \_\_\_\_\_