



KIRRIBILLI CLUB

11 Harbourview Crescent Lavender Bay  
PO Box 565 Milsons Point 1565  
Ph: 02 9955 2245 Email: [info@kirribillclub.com.au](mailto:info@kirribillclub.com.au)

We support the Responsible Service of Alcohol (RSA)  
and the Responsible Conduct of Gaming (RCG)

## JOB APPLICATION FORM

APPLICATION FOR THE POSITION OF: \_\_\_\_\_

APPLICATION DATE \_\_\_\_\_

NAME: \_\_\_\_\_ PERMANENT OR CASUAL \_\_\_\_\_

ADDRESS: \_\_\_\_\_ POST CODE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ BUSINESS: \_\_\_\_\_ MOBILE: \_\_\_\_\_

EMERGENCY NUMBER: \_\_\_\_\_

EMAIL: \_\_\_\_\_ ARE YOU AN AUSTRALIAN RESIDENT: YES / NO

IF ON A VISA, WHAT TYPE (Please provide a copy) \_\_\_\_\_ EXPIRY DATE \_\_\_\_\_

### AVAILABILITY (PLEASE CIRCLE)

MONDAY		TUESDAY		WEDNESDAY		THURSDAY		FRIDAY		SATURDAY		SUNDAY	
DAY	NIGHT	DAY	NIGHT	DAY	NIGHT	DAY	NIGHT	DAY	NIGHT	DAY	NIGHT	DAY	NIGHT

### EMPLOYMENT HISTORY: Please state your most recent position first

Dates of employment \_\_\_\_\_ to \_\_\_\_\_ Company \_\_\_\_\_

Position: \_\_\_\_\_ perm  cas  part time

Company address: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Professional Referee: \_\_\_\_\_ Position: \_\_\_\_\_ Tel: \_\_\_\_\_

### EMPLOYMENT HISTORY: Please state your most recent position first

Dates of employment \_\_\_\_\_ to \_\_\_\_\_ Company \_\_\_\_\_

Position: \_\_\_\_\_ perm  cas  part time

Company address: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Professional Referee: \_\_\_\_\_ Position: \_\_\_\_\_ Tel: \_\_\_\_\_

# JOB APPLICATION FORM cont.

## EDUCATION:

Name of School: \_\_\_\_\_

Date: from \_\_\_\_\_ to \_\_\_\_\_

Qualification: \_\_\_\_\_

Name of university / college: \_\_\_\_\_

Date: from \_\_\_\_\_ to \_\_\_\_\_

Qualification: \_\_\_\_\_

## ADDITIONAL QUALIFICATIONS & COURSES

Date: from \_\_\_\_\_ to \_\_\_\_\_ Course: \_\_\_\_\_ Location: \_\_\_\_\_

Date: from \_\_\_\_\_ to \_\_\_\_\_ Course: \_\_\_\_\_ Location: \_\_\_\_\_

Date: from \_\_\_\_\_ to \_\_\_\_\_ Course: \_\_\_\_\_ Location: \_\_\_\_\_

Have you ever made workers compensation claim before? \_\_\_\_\_ If yes, when: \_\_\_\_\_

Why? \_\_\_\_\_

What do you feel is your strongest quality: \_\_\_\_\_

When could you commence work with us: \_\_\_\_\_

Have you obtained a Responsible Service of Alcohol certificate: Yes / No Where did you get it: \_\_\_\_\_

Have you obtained a Responsible Conduct Gaming: Yes / No Where did you get it: \_\_\_\_\_

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

**PLEASE NOTE: Information provided is held in complete confidence. This document is legally binding, therefore information provided must be correct and concise.**

Identification sighted: \_\_\_\_\_

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

## HUMAN RESOURCE DEPARTMENT ONLY

### COMMENTS:

Result: \_\_\_\_\_

Reference checked by: \_\_\_\_\_