

APPLICATION FOR EMPLOYMENT

Position applied for _____

Date applied _____



Status _____ *(Full-Time / Part-Time / Casual)*

Surname _____ **Given names** _____

Mr Mrs Miss Ms Other _____

Address _____

Suburb _____ **Postcode** _____

 _____  _____

Date of birth _____ *(if you are under 21 years of age)*

Languages spoken other than English _____

Are you a permanent Australian Resident? Yes No

If you answered no, what type of Visa do you hold and when does it expire?

Do you hold a current unrestricted South Australian Driver's Licence? Yes No

AVAILABILITY *(please tick appropriate boxes)*

Monday - Friday	<input type="checkbox"/>	New Years Eve	<input type="checkbox"/>
Saturday	<input type="checkbox"/>	New Years Day	<input type="checkbox"/>
Sunday	<input type="checkbox"/>	Father's Day	<input type="checkbox"/>
Christmas Eve	<input type="checkbox"/>	Mother's Day	<input type="checkbox"/>
Christmas Day	<input type="checkbox"/>	Other Public Holidays	<input type="checkbox"/>

EDUCATION

	Name of Institution	Level Achieved / Course Completed	Year
Secondary	_____	_____	_____
Tertiary	_____	_____	_____
Technical	_____	_____	_____

TRAINING

Have you attended or completed any relevant trade or accredited training courses? Yes No

If yes, please give details:

EMPLOYMENT HISTORY

Company Name	Position	Employed from - to <i>(Month / Year)</i>	Reason for Leaving
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If insufficient space, please attach detailed resume.

MEDICAL

Do you have a medical condition or restriction that may impact on, or restrict, the type of work you perform? Yes No

If yes, please give details

EMERGENCY CONTACT *(in case of accident or illness)*

Name _____

Relationship: _____

 _____  _____

REFEREES

Please provide contact details for work-related referees:

Referee's Name	Company	Position	Telephone Number

GENERAL

Please provide any additional information that you consider relevant to your application:

I ACKNOWLEDGE THE FOLLOWING AS FORMING THE BASIS OF MY CONTRACT OF EMPLOYMENT:

- SAFETY:** I accept my responsibility to work as safely as possible at all times and to abide by the safety rules of the hotel. I accept the hotel's right to not allow me to work if I do not wear appropriate personal safety equipment or do not work in a safe manner as instructed.
- ABSENCE:** I am required to notify my Supervisor if unable to attend due to sickness or other reasons as soon as possible but no later than 2 hours prior to the commencement time of any shift.
- DISCIPLINE:** I acknowledge and understand that my employment may be terminated on disciplinary grounds for misconduct or failure to comply with reasonable directions given and this includes: reporting for duty while affected by alcohol or drugs; wilfully damaging hotel property; pilfering or having unauthorised possession of hotel property; and breaching security.
- PRIVACY:** In accordance with the provisions of the current privacy legislation, I hereby authorise a nominee of the organisation to whom this application for employment is made, to conduct inquiries with previous employers and the referees provided herein, in order to determine my suitability for employment and to verify the information provided by me herein.

STATEMENT AND CONDITIONS:

1. I declare that the above information is true and correct and I further understand that a false statement or dishonest answer may result in my immediate dismissal, if employed.
2. The following conditions may be required at some point during my employment: overtime, shift work, rotating work schedules or a work schedule other than Monday through Friday, I understand and accept these as conditions of my continuing employment.
3. I understand that a medical examination may be required as part of the selection process. I accept this requirement.
4. I will comply with company rules and policies as declared to me or contained in the staff handbook, notice boards or manuals.
5. If requested, I will reveal the contents of any bag or other container whilst on hotel property.
6. If I am supplied with a hotel uniform, it will be worn at all times while in the hotel and I agree to return it in good condition on termination. Loss or damages may result in deductions from outstanding wages.
7. I agree to maintain the confidentiality of company documents, systems, manuals and financial reports and I understand that not doing so may be grounds for dismissal.

Applicant's signature: _____ Date: _____

OFFICE USE ONLY

Interviewed by:
Comments:
References checked by:
Comments:
Date of medical and comments, if any, on medical:

EMPLOYMENT DETAILS

Date commenced:	Position:
Award Classification / Level: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>	Front of house: <input type="checkbox"/> Back of house: <input type="checkbox"/>
Full Time: <input type="checkbox"/> Part Time: <input type="checkbox"/> Casual: <input type="checkbox"/>	Rate of pay: \$_____ per week (salaried employees)

Do you now or have you ever suffered from any of the following (*please tick*)

- | | | |
|---|------------------------------|-----------------------------|
| Tuberculosis? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Rheumatic Fever? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Hay Fever? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Wheezing / asthma? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Heart trouble, chest pain? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Blackouts, fainting attacks? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Fits, Epilepsy? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Frequent or migraine headaches? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Diabetes? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Dermatitis / Eczema? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Palpitations or irregular heart beats? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Heart murmurs? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| High blood pressure? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Arthritis, painful joints? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Stomach or duodenal ulcers? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Back pain, back injury, sciatica? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Passing or vomiting blood? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Earache or discharging ears? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Loss of hearing? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Hernia? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Hepatitis A? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Hepatitis B? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Hepatitis C? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Other joint injuries or conditions? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Head injury or concussion? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Foot trouble, difficulty wearing shoes? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Eye trouble? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Malaria or other tropical diseases? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

I hereby certify that the foregoing particulars are to the best of my knowledge correct. I further understand that any falsification of this information may result in immediate dismissal if employed.

Employee _____ Date _____