



## **COMMERCIAL CLUB (ALBURY) LTD**

### **EMPLOYMENT APPLICATION FORM**

Commercial Club (Albury) Ltd is an equal opportunity employer  
All applications are considered confidential

#### Personal Details:

Surname:	Given Name/s:
Current Address:	
Suburb:	State: P/Code:
Date of Birth:	
Are you an Australian Citizen/Permanent Resident? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, do you hold a working Visa? <input type="checkbox"/> Yes <input type="checkbox"/> No (Note: to be eligible for employment, applicants must have the appropriate work visa or have permanent residency status. A copy of current work visa is required)	
Contact Details: Mobile:	Email:

#### Application:

Please indicate which position you are applying for:	
<input type="checkbox"/> Food & Beverage <input type="checkbox"/> Bar & Gaming <input type="checkbox"/> Reception/Administration <input type="checkbox"/> Cleaning <input type="checkbox"/> Chef/Cook <input type="checkbox"/> Kitchen Hand <input type="checkbox"/> Management <input type="checkbox"/> Other, Please specify:	
Have you completed any of the following courses? Please tick if you have. <input type="checkbox"/> RSA <input type="checkbox"/> RCG <input type="checkbox"/> BetSafe <input type="checkbox"/> First Aid	



### Health Record:

Do you have a pre-existing injury or illness that may affect your capacity to work?

☐ Yes ☐ No

Are you aware of any health problems that may affect your capacity to work?

☐ Yes ☐ No

Covid Vaccinated ☐ Yes ☐ No

### General:

Have you previously applied for employment here? ☐ Yes ☐ No

Have you ever been employed at Commercial Club in the past? ☐ Yes ☐ No

Have you ever been discharged from employment due to your conduct? ☐ Yes ☐ No

Have you ever been convicted of an offence other than a minor traffic infringement? ☐ Yes ☐ No

Do you have any objection to us seeking verification of information with this application? ☐ Yes ☐ No

Have you provided a current resume with this application? ☐ Yes ☐ No

### Declaration:

I declare that the statements made by me in this application are true, complete, and correct. I understand that a false statement or dishonest answer to any question in this application will be regarded as misconduct and will be grounds for dismissal from employment. I understand that application forms are held for 90 days. I understand that after this time I must reapply.

Applicants Signature: \_\_\_\_\_

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