

Premier Venues

350 Annangrove Road, Rouse Hill NSW 2155

Telephone: 9679 4555 Fax: 9679 4500

ABN 76 001 585 244

POSITION APPLIED FOR: _____

SURNAME: _____ GIVEN NAMES: _____

HOME ADDRESS: _____ POSTCODE _____

EMAIL ADDRESS: _____

HOME NUMBER: _____ MOBILE: _____

WORK NUMBER: _____ FAX: _____

DATE OF BIRTH: _____

EDUCATION & TRAINING

SECONDARY

SCHOOL NAME: _____

CIRCLE LAST SCHOOL YEAR ATTENDED 1 2 3 4 5 6 7 8 9 10 11 12

RESULT: _____

YEAR OF ADMISSION: _____ YEAR OF COMPLETION: _____

TERTIARY

INSTITUTION NAME: _____

COURSE NAME: _____

LENGTH OF COURSE: 1YR / 2YRS / 3YRS / 4+YRS COMPLETED: YES / NO

YEAR OF ADMISSION: _____ YEAR OF COMPLETION: _____

PLEASE LIST YOUR MAIN SKILLS AND EXPERIENCE (RELEVANT TO THE POSITION APPLIED FOR):

INDUSTRY SHORT COURSES

COURSE NAME: _____

INSTITUTION NAME: _____

LENGTH OF COURSE: _____

WHAT DID YOU LEARN:

HOW DID COURSE HELP YOU:

DATE OF COMPLETION: _____

COURSE NAME: _____

INSTITUTION NAME: _____

LENGTH OF COURSE: _____

WHAT DID YOU LEARN: _____

HOW DID COURSE HELP YOU: _____

DATE OF COMPLETION: _____

EMPLOYMENT HISTORY (LIST LAST JOB FIRST)

EMPLOYER: _____

START DATE OF EMPLOYMENT: ___/___/___ FINISH DATE: ___/___/___

SUPERVISOR & PHONE _____

JOB TITLE: _____

JOB DUTIES: _____

REASON FOR LEAVING: _____

WHAT WOULD YOUR EMPLOYER SAY ABOUT YOU? _____

REASON FOR LEAVING: _____

EMPLOYER: _____

START DATE OF EMPLOYMENT: ___/___/___ FINISH DATE: ___/___/___

SUPERVISOR & PHONE #: _____

JOB TITLE: _____

JOB DUTIES: _____

REASON FOR LEAVING: _____

WHAT WOULD YOUR EMPLOYER SAY ABOUT YOU: _____

AVAILABILITY (PLEASE INDICATE TIMES AGAINST APPROPRIATE DAYS OR WRITE "ALL")

	MON	TUES	WED	THUR	FRI	SAT	SUN
START TIME							
FINISH TIME							
START TIME							
FINISH TIME							

GENERAL INFORMATION

1. IF CURRENTLY EMPLOYED, WILL YOU KEEP YOUR CURRENT POSITION IF EMPLOYED BY PREMIER VENUES? Yes / No
2. ARE YOU WILLING TO WORK SHIFT WORK INCLUDING NIGHTS, WEEKENDS AND PUBLIC HOLIDAYS? Yes / No
3. ARE YOU ENTITLED TO WORK IN AUSTRALIA PERMANENTLY? Yes / No
4. DO YOU HAVE RELATIVES IN OUR EMPLOYMENT? Yes / No
5. HAVE YOU COMPLETED RESPONSIBLE SERVICE OF ALCOHOL COURSE (RSA)?
DETAILS _____ Yes / No
6. HAVE YOU COMPLETED RESPONSIBLE CONDUCT OF GAMBLING COURSE (RCG)?
DETAILS _____ Yes / No
7. HAVE YOU COMPLETED A RECOGNIZED BAR COURSE?
DETAILS _____ Yes / No
8. DO YOU OWN YOUR OWN TRANSPORT? DETAILS _____ Yes / No
9. HAVE YOU EVER BEEN CHARGED WITH A CRIMINAL OFFENCE? Yes / No
IF YES PLEASE SPECIFY _____

PHYSICAL

1. HAVE YOU MADE ANY WORKERS COMPENSATION CLAIMS? Yes / NO
IF YES
DATE: _____ NATURE OF INJURY: _____
EMPLOYER: _____
2. DO YOU SMOKE? Yes / No
3. DO YOU SUFFER FROM ANY MEDICAL CONDITIONS THAT MIGHT INTERFERE WITH YOU

DECLARATION

I AUTHORISE PREMIER VENUES OR ITS REPRESENTATIVE TO SECURE ANY INFORMATION ABOUT MYSELF FROM PERSONS, FIRMS OR ORGANISATIONS.

I DECLARE THAT THE ABOVE STATEMENTS MADE BY ME IN THIS EMPLOYMENT APPLICATION ARE TRUE TO THE BEST OF MY KNOWLEDGE AND THAT ANY INFORMATION FOUND TO BE FALSE MAY RESULT IN MY DISMISSAL.

I UNDERSTAND THAT THE JOB APPLIED FOR IS A CASUAL POSITION UNLESS I AM TOLD OTHERWISE. IF I AM OFFERED A PERMANENT POSITION I WILL BE ON A THREE MONTH PROBATION PERIOD, DURING WHICH MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH ONE DAY'S NOTICE.

I FURTHER UNDERTAKE THAT IF I AM EMPLOYED:

1. I WILL ATTEND GENERAL STAFF MEETINGS AND TRAINING SESSIONS ONCE A MONTH, IN MY OWN TIME, TO IMPROVE MY GENERAL KNOWLEDGE AND SKILLS.
2. I WILL PURCHASE UNIFORMS AS REQUIRED.
3. I WILL PERFORM MY DUTIES RESPONSIBLY IN ACCORDANCE WITH THE STAFF HANDBOOK, THE APPROPRIATE JOB DESCRIPTION AND RELEVANT LEGISLATION.
4. I WILL ABIDE BY PREMIER VENUES S RULES & REGULATIONS, POLICIES AND PROCEDURES.
5. I WILL SUPPLY A COPY OF MY APPROVED RSA COURSE CERTIFICATE AND ANY OTHER COURSE CERTIFICATES UPON REQUEST.
6. I AM AWARE THAT I MAY BE WORKING IN AN AREA WHERE SMOKING IS PERMITTED.
7. I AM ELIGIBLE TO WORK IN AUSTRALIA AND UNDERSTAND THAT ANY FALSE INFORMATION GIVEN REGARDING THIS MATTER WILL RENDER ME LIABLE FOR DISMISSAL

I REALISE THAT PREMIER VENUES OPERATES AS A BUSINESS ENTITY AND I AM JOINING WITH THE COMMITMENT TO WORK TO ACHIEVE TOTAL CUSTOMER SERVICE SATISFACTION, TO BE LOYAL TO MY PLACE OF EMPLOYMENT AND COMMITTED TO TEAMWORK AND HARMONY.

APPLICANTS SIGNATURE _____ DATE: _____

WITNESSED BY: _____ DATE: _____

OFFICE USE ONLY

POSITION

VENUE

DEPARTMENT

PAY RATE

PAY ROLL NUMBER