



Lightning Ridge District Bowling Club Ltd.

Application for Employment

Position applied for: _____

When will you be available to start work? _____

Have you ever been employed by the club? If so when? _____

Availability to work ?

Every day including shift work Week days only Weekends only Day time only

Other: _____

When will you be available to start work? _____

How many hrs a week are you prepared to work? _____

PERSONAL DETAILS

Given name: _____ Family name: _____

Preferred name: _____

Address: _____

Telephone Daytime: _____ Mobile: _____

Email: _____

Are you an Australian Citizen? YES / NO

If No, what is your current residency status? Permanent / Temporary

Type of Visa: _____ Expiry Date: _____

Current qualifications

Qualification title	Institution/training provider	Year completed

RSA: YES / NO exp date: RCG: YES / NO exp date:

Previous employment (most recent first)

Employer name/ establishment	Dates from/to	Position held	Reason for leaving	Office use check initial/date

Do you agree to have referees contacted in relation to this application? (tick one) Yes No

(Reference checks will be conducted legally in an ethical manner and all information derived will remain confidential.)

Please provide details of three people who can speak on your behalf regarding your work history.

PTO

Name	Contact No.	Position held/working relationship (eg supervisor)	Office use check initial/date

Have you had any previous workers compensation claims? YES / NO

Please provide any other information that you identify as being pertinent to this application
(eg medical conditions, disabilities)

Declaration

I declare that, to the best of my knowledge, the information given is true and correct. I understand that inaccurate, misleading or untrue statements or knowingly withheld information may result in termination of employment with this organisation. I understand that this application does not constitute an offer of employment. I understand that, in some cases, police and credit checks will be required and I will be notified if this applies to this application.

Signed: _____ Date: _____

EMPLOYER SECTION

Confidential – reference checks *For office use only*

Reference name	Comments	Would re-employ?		Initial	Date
		Yes	No		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		

Action

Interview arranged for: _____

Offer of employment made _____

Position: _____

Letter of advice sent: _____ By: _____

Letter of appointment signed: _____ By: _____

Induction due on _____

Payroll details entered: _____ By: _____

Probationary period expires on: _____

Notes _____
