



A.C.N. 001 037 136
A.B.N. 55 001 037 136

Leeton Soldiers Club Limited

PO Box 727
Leeton NSW 2705
Phone: (02) 6953 3444
Fax: (02) 6953 3631

Dear Applicant,

Thankyou for showing an interest in a position at Leeton Soldiers Club Ltd.

Before you return your completed application – along with a copy of your **Responsible Service of Alcohol and Responsible Conduct of Gaming Competency Card**, we ask that you consider the position you are applying for and whether it is a job which you will enjoy and give 100% to.

It is our duty to provide – as the Club’s Mission Statement says:

**“The highest level of service and hospitality
to visitors, members and their guests”**

It is the most important aspect of our business and our ability to perform consistently at the highest level will be what sets us apart from our competitors. As a prospective employee you need to be aware of this vital fact and be prepared to serve all patrons at the highest level. If you are not service oriented then you *need not apply*.

If you have been able to confirm that you are a *service oriented person*, are willing to *work nights and weekends*, and are comfortable working in a team environment – then please submit your application with all other relevant documentation, including certificates and references. Your application will be given due consideration and should a position become available that suits your abilities you will be contacted promptly.

Please sign below signifying that you understand the information provided and that you will comply with the provisions in this covering letter.

Signature of Applicant:

.....



LEETON SOLDIERS CLUB APPLICATION FOR EMPLOYMENT

Tax File Number: _____

POSITION APPLIED FOR: _____
TYPE OF POSITION APPLIED FOR (Circle) FULL TIME PART TIME CASUAL
AVAILABLE TO COMMENCE _____
ARE THERE ANY CIRCUMSTANCES KNOWN TO YOU WHICH IN ANY WAY COULD AFFECT YOUR ABILITY TO UNDERTAKE SHIFT WORK OR TO WORK WEEKENDS OR OVERTIME? EG FAMILY RESPONSIBILITIES, SPOUSE, ETC. IF YES, GIVE FULL DETAILS.
YES/NO _____

PERSONAL DETAILS

NAME: _____		
SURNAME	GIVEN NAMES	MR/MRS/MS
PRIVATE ADDRESS: _____		

DATE OF BIRTH: ___/___/___ TELEPHONE () _____ WORK () _____		
HOME		
CAN YOU PRODUCE PROOF OF IDENTITY? EG PASSPORT, BIRTH CERTIFICATE, DRIVERS LICENCE YES/NO		

PERSON TO NOTIFY (ACCIDENT OR ILLNESS)

NAME: _____
ADDRESS: _____

TELEPHONE: _____
RELATIONSHIP: _____

EDUCATION

	SCHOOL	FROM	TO	LEVEL OBTAINED	MAJOR COURSE OF STUDY
SECONDARY					
TECHNICAL OR PROFESSIONAL					
OTHER					

EMPLOYMENT RECORD (LAST 3 EMPLOYERS OR LAST 10 YEARS, LAST EMPLOYER FIRST)

EMPLOYER NAME AND ADDRESS	POSITION	FROM	TO	REASON FOR LEAVING	REFERENCE NAME, ADDRESS AND TELEPHONE

SKILLS (CLERICAL, WAITER, STEWARD, HEAD STEWARD ETC)

SKILL	EXPERIENCE	REMARKS

HOBBIES OR INTERESTS

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MEDICAL

<p>WOULD YOU BE PREPARED TO UNDERGO A MEDICAL EXAMINATION BY THE CLUB'S DOCTOR TO DETERMINE YOUR ABILITY TO CARRY OUT THE FULL DUTIES OF THE POSITION YOU HAVE APPLIED FOR?</p>	<p>YES/NO</p>
<p>ARE YOU AWARE OF ANY CONDITION <u>LIKELY</u> TO AFFECT THE FULL PERFORMANCE OF YOUR DUTIES IN EMPLOYMENT?</p>	<p>YES/NO</p>
<p>IF YES, PLEASE GIVE FULL DETAILS (INCLUDING FACILITIES OR SERVICES WHICH COULD BE REASONABLY PROVIDED TO ENABLE YOU TO DO YOUR JOB).</p>	
<p>DETAILS: _____</p> <p>_____</p> <p>_____</p> <p>_____</p>	

GENERAL

	YES	NO	IF YES, GIVE DETAILS
1. Have you ever been discharged from employment because your work or conduct was not satisfactory?			
2. Have you in the last five years been convicted of any offence other than minor traffic infringements?			
3. Do you have any objection to enquiries of your present employer regarding qualifications and character?			
4. Do you have any objection to us seeking verification and additional information to any matter on this application?			
5. Is there any additional information you wish to give?			

LEETON SOLDIERS CLUB STAFF AVAILABILITY REQUEST

The Club is currently reviewing all aspects of its operations.

To assist us in this matter we would like for you to provide us with your availability throughout the week.

Please be conscious that the requirements of the business will be the overriding factor in determining roster requirements.

TIMES OF AVAILABILITY

	MORNING	AFTERNOON	NIGHTS
MONDAY			
TUESDAY			
WEDNESDAY			
THURSDAY			
FRIDAY			
SATURDAY			
SUNDAY			

Please attach a current resume and references along with a current copy of your RSA/RCG competency card.

PROBATION

I understand and accept that as a condition precedent to my obtaining the position applied for, I shall have to undergo a probationary period of employment.

Signed _____

DECLARATION

I authorise the Club to obtain information from any person concerning my suitability for employment with the Club and I hereby release any such person from liability for any damage, claims, costs, expenses which may arise from the provision of such information. I further declare that the statements made by me in this application are true, complete and correct. I understand that a false or misleading answer to any question in this application will be regarded as misconduct and will be grounds for my dismissal from employment.

DATE ____ / ____ / ____

SIGNATURE _____

All applications will be treated with
confidentially and fairness.
Thankyou for your interest in the Club.