

# OATLEY RSL & COMMUNITY CLUB

## APPLICATION FOR EMPLOYMENT

Office use only:

Application accepted: YES/NO

Commencement date: \_\_\_\_\_

Position: \_\_\_\_\_

Grade: \_\_\_\_\_

Employee No: \_\_\_\_\_

Name: (Mr/Mrs/Ms/Miss) \_\_\_\_\_ Known as: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Contact Ph: \_\_\_\_\_ Mobile: \_\_\_\_\_

Work Ph: \_\_\_\_\_ Em@il: \_\_\_\_\_

Position applied for: \_\_\_\_\_

When are you available to commence? \_\_\_\_\_

How long will you allow us to hold on to your application? \_\_\_\_\_

Was the position advertised? (YES/NO) (Circle) \_\_\_\_\_

How did you hear about this position? \_\_\_\_\_

Have you previously been employed by Oatley RSL? YES/NO (Circle) \_\_\_\_\_

When? \_\_\_\_\_ In what role? \_\_\_\_\_

Do you hold a current RSA? (YES/NO) Do you hold a current RSG? (YES/NO)

Do you hold a current First Aid Certificate? (YES/NO) TAB Certificate? (YES/NO)

Do you have any other relevant qualifications that you would like to add?

What are your hours of availability? (Complete below)

Monday	Tuesday:
Wednesday:	Thursday:
Friday:	Saturday:
Sunday:	

Are you legally entitled to work in Australia? YES/NO

Is there anything that could you prevent you from fully completing the role which you have applied for? (YES/NO)

If yes please explain: \_\_\_\_\_

Regarding the above question; if employed, what could the Club do to support you?

Have you ever had a Workers Compensation claim? (YES/NO)

If yes, is it current? (YES/NO). (We may wish to discuss this with you to accommodate your needs)

Have you ever been convicted of a Criminal Offence in the last 10 years? (YES/NO)

If yes, please provide details:

**Employment Record:**

**Do you give us permission to contact your current/previous employers to verify employment information provided by you? (YES/NO)**

**Do you have any objection to us verifying other information that has been disclosed by you on this application form and/or in your Resume? (YES/NO)**

**Please list your last three Employers details (most recent first):**

Company Name:
Address:
Position Held:
Reason for leaving:
Contact name of person to verify employment details:
Contact Ph:

Company Name:
Address:
Position Held:
Reason for leaving:
Contact name of person to verify employment details:
Contact Ph:

Company Name:
Address:
Position Held:
Reason for leaving:
Contact name of person to verify employment details:
Contact Ph:

**Please provide two other referees that we can contact:**

Name:
Contact Ph:
Relationship:

Name:
Contact Ph:
Relationship:

**What skills are you able to bring to Oatley RSL? Eg. may be Cellar, Bar**

<b>Skill</b>	<b>Length of experience</b>

**Do you have any hobbies, interests or other information that you may wish to disclose to support this application?**

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**DECLARATION**

I understand and accept that as a condition of my obtaining employment with Oatley R.S.L, I shall undergo a probationary period of employment of three months.

I authorise the Club to obtain information from any person concerning my suitability for employment with the Club and hereby release any such person from liability for any damage, claims, costs and 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 dismissal from employment.

I also understand and accept that Oatley RSL’s business is a function of the hospitality Industry and that many of our hours of operation occur during nights, weekends, Public Holidays, and especially at Easter, Mothers Day, Fathers Day, Christmas and New Year.

I therefore understand and accept that I will be expected to be available to work at these times. Any deviation from requests to work may lead to my being omitted from the Work Roster. Every effort is made to allocate shifts evenly and fairly.

**Signed:** \_\_\_\_\_ **Witnessed:** \_\_\_\_\_  
**Print name:** \_\_\_\_\_ **Print name:** \_\_\_\_\_  
**Date:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**(Office only)**

<b>Date Received:</b>	
<b>Resume supplied: Yes/No (Circle)</b>	
<b>Resume destruction date:</b> (Unless specified, must destroy in 7 days)	
<b>Photo identification type:</b>	
<b>Identification details:</b>	
<b>RSA photocopied:</b>	<b>Valid to date:</b>
<b>RSG photocopied:</b>	<b>Valid to date:</b>
<b>TAB photocopied</b>	<b>Valid to date:</b>
<b>First Aid Certificate photocopied:</b>	<b>Valid to date:</b>
<b>References checked by whom:</b>	<b>Date:</b>
<b>Referee 1 Name:</b>	
<b>Comments:</b>	
<b>Referee 2 Name:</b>	
<b>Comments</b>	
<b>Referee 3 Name:</b>	
<b>Comments:</b>	
<b>Commencement date:</b>	
<b>Job title:</b>	
<b>Tour and OH&amp;S Review completion date:</b>	

# OCCUPATIONAL HEALTH & SAFETY, CLUB TOUR & INFORMATION

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|--|--------|
| 1. I have received a copy of the Club Handbook.  | YES/NO |
| 2. I have read and understand the Policies and Procedures that I am required to abide by at Oatley R.S.L and Community Club (see Handbook issued). | YES/NO |
| 3. I accept and understand my responsibilities regarding OH&S.   | YES/NO |
| 4. I have received a Tour of the Club.   | YES/NO |
| 5. I have been introduced to Directors, the Secretary Manager, Duty Managers and staff.  | YES/NO |
| 6. I have been shown where to Bundy on/off.  | YES/NO |
| 7. I have been shown Safety Exits/Extinguisher and First Aid equipment locations.  | YES/NO |
| 8. I know who the Fire Wardens are.  | YES/NO |
| 9. I know what to do in an evacuation situation.   | YES/NO |
| 10. I know who the First Aid Officers are.   | YES/NO |
| 11. I know how to access information about my Award.   | YES/NO |
| 12. I know who to go to ask questions about my pay.  | YES/NO |
| 13. I know who to go to regarding Working Roster details.  | YES/NO |
| 14. I know the Clubs address and Phone number.   | YES/NO |
| 15. The Clubs activities and associated groups have been explained to me.  | YES/NO |
| 16. I am aware that the ODE is announced at 6.00pm daily.  | YES/NO |
| 17. I can find Stock/Waste recording books and know how to use them.   | YES/NO |
| 18. I know how to use Petty Cash and Till paperwork.   | YES/NO |
| 19. I accept and understand my responsibilities regarding RSA  | YES/NO |
| 20. I accept and understand my responsibilities regarding RSG  | YES/NO |
| 21. I know what to do if I have a grievance.   | YES/NO |
| 22. I know what to do if I have an accident.   | YES/NO |
| 23. I know where to get information regarding Club procedures.   | YES/NO |
| 24. I know how to operate TAB.   | YES/NO |
| 25. I know how to adjust lighting, air conditioning, radio volumes and televisions as required.  | YES/NO |

By signing below, I acknowledge and accept all of the above.

**Name:** \_\_\_\_\_ (Please print)

**Signature** \_\_\_\_\_

**Witnessed by:** \_\_\_\_\_ (Please print)

**Signature:** \_\_\_\_\_

**Office use: Duty Managers are to complete the above with all Staff every six months.**