



THE LION HOTEL

APPLICATION FOR EMPLOYMENT

This application form must be completed as accurately as possible and in the applicant's own handwriting. Applicants must accept that no guarantee of employment given by the completion of this form.

PERSONAL DETAILS

SURNAME _____ GIVEN NAMES _____

ADDRESS (RESIDENTIAL) _____

POST CODE _____

ADDRESS POSTAL (IF DIFFERENT FROM ABOVE) _____

POST CODE _____

TELEPHONE (HOME) _____ (WORK) _____ (MOBILE) _____

WHAT ATTRIBUTES DO YOU THINK YOU CAN BRING TO A POSITION AT THE LION? _____

SPARE TIME INTERESTS _____

NAME, ADDRESS, CONTACT NUMBER IN CASE OF EMERGENCY _____

ARE YOU LEGALLY ENTITLED TO WORK IN AUSTRALIA? _____

POSITION SOUGHT

ARE YOU SEEKING:

FULL TIME EMPLOYMENT

CASUAL EMPLOYMENT PREFERRED NUMBER OF HOURS PER WEEK:

IF APPLICABLE TO THE POSITION, ARE YOU PREPARED TO WORK

DAY SHIFT

NIGHT SHIFT

WEEKENDS

PUBLIC HOLIDAYS

IF REQUESTED WOULD YOU BE PREPARED TO WORK OUTSIDE OF NORMAL HOURS, GIVEN APPROPRIATE NOTICE?

YES

OCCASIONALLY

RARELY

NO

WILL YOU AGREE TO UNDERGO A MEDICAL EXAMINATION AS PART OF THE SELECTION PROCESS?

YES

NO

IF NO, PLEASE STATE REASON(S)

DO YOU HAVE ANY PHYSICAL DISABILITY, MEDICAL CONDITION OR ANY OTHER CONDITION THAT MAY AFFECT YOUR ABILITY TO PERFORM THE DUTIES OF YOUR JOB? IF YES, GIVE DETAILS :

ARE THERE ANY LIMITATIONS THAT MAY AFFECT YOUR ABILITY TO PERFORM YOUR REQUIRED DUTIES. IF YES, GIVE DETAILS :

EDUCATION

QUALIFICATION	NAME OF ESTABLISHMENT	LEVEL ACHIEVED	DATE COMPLETED

OTHER RELEVANT QUALIFICATIONS / ABILITIES (EG DRIVERS LICENCE, FIRST AID CERTIFICATE ETC)

EMPLOYMENT HISTORY

HAVE YOU PREVIOUSLY WORKED FOR THIS ORGANISATION?

YES

NO

IF YES, WHAT POSITION DID YOU HOLD?

FROM: _____ TO: _____

PREVIOUS EMPLOYMENT (BEGINNING WITH PRESENT OR MOST RECENT):

DATE	COMPANY	LOCATION	POSITION	DUTIES

NAME, NUMBER & ADDRESS OF THREE REFEREES FROM WHOM CONFIDENTIAL INFORMATION MAY BE OBTAINED:

1 _____

2 _____

3 _____

DECLARATION BY APPLICANT

- I DECLARE:
1. THAT THE ANSWERS TO THE FORGOING ARE TO THE BEST OF MY KNOWLEDGE, TRUE AND CORRECT IN EVERY INSTANCE

 2. THAT IF MY APPLICATION FOR EMPLOYMENT IS SUCCESSFUL I WILL BE BOUND BY, AND WILL AT ALL TIMES, OBSERVE AND RESPECT SUCH TERMS AND CONDITIONS OF MY EMPLOYMENT AND SUCH POLICIES AND RULES AS MAY FROM TIME TO TIME BE IMPLEMENTED, SPECIFIED OR OTHERWISE STIPULATED BY MY EMPLOYER.

 3. THAT I UNDERSTAND THAT ANY ERRONEOUS OR FALSE DECLARATION MADE BY ME IN THIS APPLICATION MAY RESULT IN DISCIPLINARY ACTION, INCLUDING DISMISSAL.

 4. THAT I UNDERSTAND THAT IF MY APPLICATION IS SUCCESSFUL MY EMPLOYMENT MAY BE SUBJECT TO A SATISFACTORY MEDICAL REPORT PROVIDED BY A MEDICAL PRACTITIONER NOMINATED BY THE EMPLOYER. (SUCH EXAMINATION WILL BE PAID FOR BY THE EMPLOYER).

SIGNATURE OF APPLICANT:

DATE:

FOR OFFICE USE ONLY

- APPLICANTS INFORMATION VERIFIED
- REFEREES CONTACTED

COMMENTS

- SUCCESSFUL**
- UNSUCCESSFUL**