



EMPLOYMENT APPLICATION

MR/MRS/MS/MISS: _____ DATE OF BIRTH: _____

FULL NAME: _____

ADDRESS: _____

TOWN/SUBURB: _____ POSTCODE: _____

PHONE: () _____ MOBILE: _____

DRIVERS LICENCE NO: _____ EMAIL: _____

POSITION(S)
APPLIED FOR: _____

TIMES YOU ARE AVAILABLE TO WORK: (From starting to finishing time i.e. 10am - 11pm)

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
AM							
PM							

RECENT EMPLOYMENT HISTORY

COMPANY	POSITION HELD	SERVICE LENGTH	FINISH DATE	REASON FOR LEAVING

REFERENCES

COMPANY	CONTACT PERSON	POSITION	PHONE NUMBER

INDUSTRY QUALIFICATIONS

Do you possess a current RSA certificate? Yes/No (Please Circle)

Do you possess a RCG Certificate? Yes/No (Please Circle)

INDUSTRY SKILLS: (Experience in TAB, KENO, BAR, ETC) _____