

## APPLICATION FOR EMPLOYMENT

### PERSONAL DETAILS

FIRST NAME \_\_\_\_\_ SURNAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

### RESIDENTIAL ADDRESS

ADDRESS \_\_\_\_\_

SUBURB \_\_\_\_\_ POSTCODE \_\_\_\_\_

### CONTACT DETAILS

MOBILE: \_\_\_\_\_ HOME PH: \_\_\_\_\_

EMAIL: \_\_\_\_\_

Have you been convicted of an adult crime within the last 10 years? Yes No

Have you been convicted of a juvenile crime within the last 5 years? Yes No

If you answered yes to either of the above questions, please briefly state the reason  
(a recorded conviction will not necessarily exclude you from employment at Collegians)  
Reason

\_\_\_\_\_  
\_\_\_\_\_

Have you previously been employed by Collegians RLFC? Yes No

Are you related to anyone currently employed at Collegians RLFC? Yes No

If you answered yes, Whom \_\_\_\_\_

Do you have a current RSA and RCG certificate Yes No

Please state the date you are available to commence work at Collegians RLFC? \_\_\_\_\_

Have you previously worked in a hotel/bar/licensed club? Yes No

If answered yes, please state where you have worked

\_\_\_\_\_

## AVAILABILITY TO WORK

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
MORNING							
AFTERNOON							
EVENING							

## ARE YOU PREPARED TO WORK:

	PUBLIC HOLIDAYS	ROTATING SHIFTS	LATE NIGHTS	EARLY MORNINGS	WEEKENDS	MELBOURNE CUP
YES						
NO						

## HEALTH RECORD

Have you ever received workers compensation for any reason? Yes No  
 If yes, are you still receiving either workers compensation rehabilitation payments? Yes No  
 Are there any medical factors that might prevent you from carrying out allocated duties? Yes No  
 If yes, please provide details \_\_\_\_\_

Do you suffer from any medical condition that may require Collegians to obtain special knowledge and/or training to protect your health and safety in the workplace (e.g. Asthma, Diabetes etc) Yes No  
 If yes, please provide details \_\_\_\_\_

## DECLARATION

I have read and I fully understand Collegians Rugby League Football Club is subject to the provisions of the privacy amendment act 2017. I agree that the personal information provided by me on this form is true & factual & the information will be used by the club. It may be necessary for the Collegians Rugby League Football Club to disclose or discuss my information to/with a third party such as an internal manager, my nominated referee and/or my previous employers in order to clarify these details.

SIGNED \_\_\_\_\_ DATED \_\_\_\_\_