

## PERSONAL DETAILS

Date: \_\_\_\_\_

Name: \_\_\_\_\_

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

\_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Do you hold a current driver's licence?      Y       N

## INDUSTRY EXPERIENCE

**Have you ever worked in a Registered Club?**      Y       N

If yes, please state which Club(s): \_\_\_\_\_

### Please tick areas you have experience in:

TAB <input type="checkbox"/>	Keno <input type="checkbox"/>	Poker machines <input type="checkbox"/>
Beer pulling <input type="checkbox"/>	Customer service <input type="checkbox"/>	Reception duties <input type="checkbox"/>
Cash handling <input type="checkbox"/>	Security <input type="checkbox"/>	

### You must hold:

RSA Certificate <input type="checkbox"/>	RCG Certificate <input type="checkbox"/>
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### Desirable:

First Aid Certificate <input type="checkbox"/>	Security Licence <input type="checkbox"/>
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## AVAILABILITY:

Please tick days and times you are available to work

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM							
PM							
Anytime							

## AVAILABILITY (cont.)

**Please tick additional times you prepared to work:**

Weekends	<input type="checkbox"/>	Late Nights	<input type="checkbox"/>
Public Holidays	<input type="checkbox"/>	School Holidays	<input type="checkbox"/>
New Year's Eve	<input type="checkbox"/>	Christmas Day	<input type="checkbox"/>

## OTHER INFORMATION

**Have you ever received Worker's Compensation for any reason?**

Yes  No

If yes, what was the injury? \_\_\_\_\_

**Please tick if you are:**

Happy and self motivated	Yes <input type="checkbox"/>	No <input type="checkbox"/>
A 'people person'	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have excellent customer service skills	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are professional and prepared to learn new skills	Yes <input type="checkbox"/>	No <input type="checkbox"/>