

*at The Club for*  
**East's**

East Maitland Bowling Club  
East's Leisure & Golf

# EMPLOYMENT OPPORTUNITY

**PERSONAL DETAILS:**

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

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

DO YOU HOLD A CURRENT DRIVERS LICENCE?    YES        NO

HAVE YOU REACHED THE MINIMUM AGE TO WORK IN THIS INDUSTRY?    YES        NO

HAVE YOU EVER WORKED FOR A REGISTERED CLUB?    YES        NO

If yes, please state which ones \_\_\_\_\_

**INDUSTRY EXPERIENCE: (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"/> |                  |                          |

- DO YOU HOLD:**
- |                       |     |    |
|-----------------------|-----|----|
| RSA CERTIFICATE       | YES | NO |
| RCG CERTIFICATE       | YES | NO |
| FIRST AID CERTIFICATE | YES | NO |
| SECURITY LICENCE      | YES | NO |

**AVAILABILITY: (Please tick days and times you are available to work)**

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM							
PM							
ANYTIME							



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**ARE YOU PREPARED TO WORK:**

**(Please Tick:)**

- |                 |                          |                 |                          |
|-----------------|--------------------------|-----------------|--------------------------|
| Public Holidays | <input type="checkbox"/> | School Holidays | <input type="checkbox"/> |
| New Years Eve   | <input type="checkbox"/> | Christmas Day   | <input type="checkbox"/> |
| Rotating Shifts | <input type="checkbox"/> | Late nights     | <input type="checkbox"/> |
| Weekends        | <input type="checkbox"/> |                 |                          |

**HAVE YOU EVER RECEIVED WORKERS COMPENSATION FOR ANY REASON?**

**YES**

**NO**

**IF YES WHAT WAS THE INJURY?**

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**ARE YOU: (Please Circle:)**

- |   |            |           |
|---|------------|-----------|
| • Happy and self motivated                      | <b>YES</b> | <b>NO</b> |
| • A People Person                               | <b>YES</b> | <b>NO</b> |
| • Possess a "can do" attitude                   | <b>YES</b> | <b>NO</b> |
| • Professional and prepared to learn new skills | <b>YES</b> | <b>NO</b> |