



Lithgow & District Workmen's Club Ltd.  
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ABN 66 001 068 408  
Address all communications to the General Manager.

## EMPLOYMENT APPLICATION FORM

### LITHGOW WORKIES CLUB

Name .....

Position Applied For .....



## 1. Contact details

Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/>	Preferred Name:	
First Name:	Surname:	
Address:		
Suburb:	State:	Post Code:
Home Phone:	Mobile Phone:	
Work Phone:	Date of Birth	
Email address:		

## 2. Eligibility

A) Are you over 18 years old?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
B) Are you a permanent resident or citizen of Australia?	Yes <input type="checkbox"/> No <input type="checkbox"/>	(If no proceed to part C, if yes proceed to number 3)
C) Are you legally permitted to work in Australia?	Yes <input type="checkbox"/> No <input type="checkbox"/>	(If No do not proceed)
If you indicated yes to question c), please indicate visa type:		

## 3. Work type you are applying for (you may tick more than one box)

Gaming	<input type="checkbox"/>	Bar	<input type="checkbox"/>	Management	<input type="checkbox"/>
Food Catering & Functions	<input type="checkbox"/>	Maintenance/ Cellar	<input type="checkbox"/>	Cleaning	<input type="checkbox"/>
Administration/Office Duties	<input type="checkbox"/>	If other please specify:			

## 4. Availability for work (please write commencing and finishing times if not available all day)

	All day (tick)	Commencing from	Finishing at	Not available
Sunday	<input type="checkbox"/>			<input type="checkbox"/>
Monday	<input type="checkbox"/>			<input type="checkbox"/>
Tuesday	<input type="checkbox"/>			<input type="checkbox"/>
Wednesday	<input type="checkbox"/>			<input type="checkbox"/>
Thursday	<input type="checkbox"/>			<input type="checkbox"/>
Friday	<input type="checkbox"/>			<input type="checkbox"/>
Saturday	<input type="checkbox"/>			<input type="checkbox"/>



**8. References (at least one should be work related if possible)**

*By giving the name and numbers of these referees you are giving consent for the Lithgow Workmens Club to contact the following individuals.*

Referee 1		Referee 2	
Name:		Name:	
Title:		Title:	
Company:		Company:	
Contact Number:		Contact Number:	
Referee 3		Referee 4	
Name:		Name:	
Title:		Title:	
Company:		Company:	
Contact Number:		Contact Number:	

**9. Additional questions regarding employment history**

Have you been convicted of a criminal offence within the past five years?	Yes[ ]	No [ ]
Have you ever been convicted of an offence relating to theft, dishonesty or gaming?	Yes[ ]	No [ ]
Do you have an illness or injury that may prevent you from performing the duties of the position(s) you have applied for, or for which special care needs to be taken in the workplace?	Yes[ ]	No [ ]
If you have answered yes to any of the above questions please provide further details here:		

**10. Conditions of application**

a) I understand that completion of this application may not necessarily lead to an interview.
b) I understand that an offer of employment is subject to a reference check from a previous
c) I certify that the information given in this application and any enclosed documentation is
Applicant's Signature: _____ Date: _____