



Lithgow & District Workmen's Club Ltd
 3-7 Tank Street, Lithgow NSW 2790
 PO Box 747 Lithgow NSW 2790
 Phone: 02 6350 7777 Fax: 02 6352 1565
info@workies.com.au www.workies.com.au
 ABN 66 001 068 408

Application for Employment

Thank you for your interest in working with the Lithgow Workmen's Club. The Information we collect as part of your employment application is used to decide your suitability for work here in the club. We will collect information directly from you via your application form, interview, and resume. Your nominated referees may also provide us with information.

Please note: Candidates may have to complete a Pre-employment Medical check, a National Police Check and/or a Working with Children Check dependent on the role. Your qualifications may also be verified with the issuing institutions.

PERSONAL DETAILS							
Title		Last Name		Given Names			
Preferred Name			Date of Birth			Gender	<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Other
Residential Address							
State		Suburb		Post Code		Contact Number	
Postal Address (if different to residential)							
Email Address							
ELIGIBILITY							
Are you over 18 years old?		<input type="checkbox"/> Yes <input type="checkbox"/> No					
Are you a permanent resident or citizen of Australia?				<input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you legally allowed to work in Australia?			<input type="checkbox"/> Yes <input type="checkbox"/> No (If no do not continue)				
If Yes to the above question, please write down visa type							
POSITION APPLIED FOR OR AREA OF INTEREST							
<input type="checkbox"/> Kitchen / Chef / Cook <input type="checkbox"/> Reception/Motel Reception <input type="checkbox"/> General Administration <input type="checkbox"/> Cleaning <input type="checkbox"/> Maintenance <input type="checkbox"/> Café <input type="checkbox"/> Bar/Gaming <input type="checkbox"/> Motel Cleaning <input type="checkbox"/> Child Care <input type="checkbox"/> Other _____							
SKILLS AND EXPERIENCE							
Do you hold any of the following certificates or licenses? Please supply copies of all qualifications claimed.							
<input type="checkbox"/> RSA – Certificate Number _____ <input type="checkbox"/> RCG - Certificate Number _____ Note: for your RSA & RCG your certificate numbers must NOT be the same <input type="checkbox"/> NSW First Aid Certificate <input type="checkbox"/> Food Handling <input type="checkbox"/> Tab Certificate <input type="checkbox"/> Keno Certificate <input type="checkbox"/> Australian Driver's License <input type="checkbox"/> Other _____							

AVAILABILITY TO WORK

The Clubs hours can vary depending on position and location. Please show below the times and days that you are available to work.

	All Day	Commencing From	Finish at	Not Available
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"/>
Sunday	<input type="checkbox"/>			<input type="checkbox"/>

Please Note: If you are successful in gaining employment, your days and hours of work will be based on your availability to work as shown above.

DISCLOSURE OF PRE-EXISTING INJURY OR ILLNESS

The position you have applied for may be physically demanding. As examples, you may have to stand or sit for extended periods of time; walk over uneven ground or work outdoors; work in hot or cold environments; undertake manual handling or repetitive lifting.

Do you have any pre-existing illness or injury which may effect on your ability to safely perform the position for which you have applied?

Yes No

If you have answered 'yes' to the above question, please show details of how the illness or injury may affect your ability to safely perform the role (e.g., in relation to lifting or carrying, bending, standing, sitting, twisting, etc.).

CRIMINAL CONVICTIONS

Have you ever been convicted of a crime other than a minor traffic offence?

Yes No

PREVIOUS EMPLOYMENT HISTORY

Position Held		Dates	/ /	Till	/ /	
Position Held		Dates	/ /	Till	/ /	

REFERENCES (at least one should be work related if possible)

Referee one	Name		Contact Number	
Company				
Referee two	Name		Contact Number	
Company				
X				
Applicant signature			Date	

To complete your application please provide:

Signed "Employment Application Form" & Résumé. Your résumé should detail your education/qualifications and skills, Reference, and employment history.

Please forward your completed application to:

Shane Wade, Operations Manager via email. At ShaneW@workies.com.au or info@workies.com.au