



EMPLOYMENT APPLICATION			
Position Applied For:			Application Date:
Employment Basis [CIRCLE]:	Casual	Part Time	Full Time
			Salary

PERSONAL DETAILS

Title: _____ First Name: _____ Surname: _____

Street Address: _____

Contact Number: _____ DOB: _____ Gender: _____

Are you an Australian Permanent Resident and/or Australian Citizen: _____

If NO, what visa class / work restrictions do you have: _____

Also attach a copy of the main photo page of your passport for us to check VEVO online!

PLEASE ENCLOSE: a resume with your current and past employment details and references.

GENERAL INFORMATION

When would you be able to commence work? _____

Any specific days / shifts you are unable to work? _____

Have you ever been charged for any offence? _____

Have you completed any course in Hospitality? _____

Do you have a WA valid RSA certificate? _____

Do you have your own transport? Provide Details: _____

Do you have a current Driver's License? Provide Details: _____

Do you require assistance with interpretation? _____

Do you have a Police Clearance? _____

If YES then supply a copy and if NO then you will need one if were to get a job offer from us!

MEDICAL RELATED

What is your current Health Status? _____

Do you have any medical condition? _____

Have you ever claimed workers compensation? _____

If YES then provide details: _____

_____ Attach separate page if needed to explain

PHYSICAL HEALTH HISTORY – PLEASE NOTE: Where it is proved that the worker has, at the time of seeking or entering employment in respect of which he/she claims compensation for a disability, willfully and falsely represented themselves as not having previously suffered from a disability, a dispute resolution body may in its discretion refuse to award compensation which otherwise would be payable.



Applicant to complete (please indicate (Y) for YES and (N) for NO)	Y/N	Discussion / Comments
Are you required to take medication that may affect your work performance significantly		
Are you required to take medication which may affect your reliability to attend work		
Have you a past injury that may reoccur and impact on your ability to complete your duties		
Is there any reasons that prevents you from wearing safety or protective equipment		
Do you have allergies or reactions to environmental conditions, injuries or medical conditions that may affect your work duties		
Please provide details of any previous or current medical condition or restriction, physical or otherwise, which may affect your ability to perform the essential requirements of the job. This must include any medical condition or restriction arising from a previous worker's compensation claim. Failure to provide such information may jeopardize your rights to worker's compensation if a pre-existing disability is aggravated at work. (Section 79 of the Worker's Compensation and Injury Management Act 1981)		

PRESENT / LAST EMPLOYMENT

EMPLOYER: _____ CONTACT NAME: _____

STREET ADDRESS: _____

EMPLOYMENT PERIOD: _____ POSITION HELD: _____

REASONS FOR LEAVING: _____

CONTACTABLE REFERENCE NAME: _____ COMPANY: _____

POSITION: _____ PHONE: _____

Privacy Acknowledgement: You acknowledge that this information may be disclosed to third parties such: Banks, Real Estate Agents that may contact us from time to time to obtain information about your employment. If we are not to provide any information to third parties, please advise us in writing.

ABOUT YOUR APPLICATION: All applicants for employment must possess documentation establishing their eligibility for employment in Australia. If your application is successful you will be employed by the Quality Hotel Bayswater. Due to the volume of candidates for various roles, we regret that we only contact short listed candidates for interviews. You may contact us at any time to determine the stage of your application. By signing this application, that all the information provided to us is to the best of your knowledge and belief true and accurate. You understand that should false or misleading information be provided this may result in consideration being given to termination of your employment.

APPLICANTS SIGNATURE:	DATE: / /
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