



EMPLOYMENT APPLICATION FORM

PROPERTY: (please tick)	<input type="checkbox"/>	Fortune of War
	<input type="checkbox"/>	Russell Wine Bar
	<input type="checkbox"/>	Russell Hotel
POSITION APPLIED FOR:		
NAME OF APPLICANT:		
DATE OF APPLICATION:		

- PRIVATE & CONFIDENTIAL -

Position Applied For:				
Type:	<input type="checkbox"/>	Casual	<input type="checkbox"/>	Full Time
	<input type="checkbox"/> Other (please specify)			

PERSONAL DETAILS:

SURNAME:		FIRST NAME:		
	<input type="checkbox"/>	Female	<input type="checkbox"/>	Male
DATE OF BIRTH:				
ADDRESS:				
SUBURB:		POST CODE:		
TELEPHONE (Home):		MOBILE:		
EMAIL ADDRESS:				
Are you a Permanent Resident? YES / NO (please circle)				
VISA STATUS:		VISA EXPIRES:		

MEDICAL INFORMATION

Do you have any health restrictions that may interfere with your ability to perform in the position for which you are applying? YES / NO (please circle)	
If YES, briefly detail:	

EDUCATION

SCHOOL, TAFE, UNIVERSITY	YEAR COMPLETED	HIGHEST LEVEL ATTAINED (Certificate / Diploma / Degree)

List other studies you have, or are currently, undertaking:				
Do you hold a current NSW Drivers Licence?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Other Licences:				
Do you hold a Responsible Service of Alcohol competency card?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
Do you hold a Responsible Conduct of Gaming competency card?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO

AVAILABILITY

ANYTIME

Or tick availability for the following shifts:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM							
PM							

HOSPITALITY EXPERIENCE

Bar Attendant	Receptionist	Chef
Bar Useful	Telephonist	Kitchen hand
Gaming Attendant	Cashiering	Waitperson
TAB Operator	Night Audit	Accounts
Cocktails	Administration	Supervisory
Bottle shop Attendant	Porter	Management
Cellar / Store	Room Attendant	Cleaning – Public Area
Other (please specify)		

EMPLOYMENT HISTORY (Please list most recent Employer first)

Name, Address & Phone Number of Employer:			
Position(s) Held:			
From:		To:	
Name of Manager:			
Reason for Leaving:			

Name, Address & Phone Number of Employer:			
Position(s) Held:			
From:		To:	
Name of Manager:			
Reason for Leaving:			

Name, Address & Phone Number of Employer:			
Position(s) Held:			
From:		To:	
Name of Manager:			
Reason for Leaving:			

Name, Address & Phone Number of Employer:			
Position(s) Held:			
From:		To:	
Name of Manager:			
Reason for Leaving:			

Name, Address & Phone Number of Employer:			

Position(s) Held:			
From:		To:	
Name of Manager:			
Reason for Leaving:			

CONDITIONS OF EMPLOYMENT

I agree that if my application for employment is accepted:

1. I will abide by all Company policies, rules and procedures as presently in force, and as amended from time to time in the future.
2. I understand all employees are subject to a three month trial period and that at any time within the three months trial period, employment can be discontinued.
3. I understand that employees (depending on the position) are subject to a changing roster each week, and are subject to varying amounts of shifts and hours each week.
4. I understand (depending on the position) that I will be required to work weekends and public holidays as required by the Hotel.
5. I understand that employees are rostered with a starting time and work until required, in accordance with Hotel operations.
6. I understand that ALL employees are excluded from drinking or socialising at the Hotel at ANY time, unless prior approval has been given from Management.
7. I acknowledge that, except for office areas, I will be working in a smoking environment, & that the Hotel has taken all duty of care.
8. I grant permission to the Company to check references and to verify my previous employment and quality of work.

I acknowledge and declare that the above mentioned particulars are complete and accurate in every detail. I understand that should any information that I have provided be found to be false or misleading, my contract of employment may be instantly terminated without notice.

SIGNATURE OF APPLICANT:	
DATE:	

Thank you for your interest in employment with WDS Hotels Pty Ltd.

OFFICE USE ONLY

SOURCE OF APPLICANT:

<input type="checkbox"/>	Phone Application	<input type="checkbox"/>	Walk-in Application	<input type="checkbox"/>	Government Agency
<input type="checkbox"/>	Response to Advert	<input type="checkbox"/>	Referral	<input type="checkbox"/>	Other (specify):

INTERVIEW DATE:

INTERVIEW TIME:

INTERVIEWED BY (Name & Position):

INTERVIEWER CHECKLIST (areas to be covered throughout the interview):

<input type="checkbox"/>	Hotel/ Department Environment	<input type="checkbox"/>	Job Description
<input type="checkbox"/>	Skills/ Relevant Experience	<input type="checkbox"/>	Weekend Availability
<input type="checkbox"/>	Hours of Operation	<input type="checkbox"/>	Length of Shifts
<input type="checkbox"/>	Casual Position/ Rosters	<input type="checkbox"/>	3 Month Trial Period
<input type="checkbox"/>	Award Pay Rates	<input type="checkbox"/>	Staff Exclusion Policy
<input type="checkbox"/>	Uniform & Presentation	<input type="checkbox"/>	Orientation Process (3 hours unpaid)
<input type="checkbox"/>	Number of Shifts Sought by Applicant (per week):		

INTERVIEWER COMMENTS:

Proceed After Interview:	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO

REFERENCE CHECK GUIDELINE (Casual Employees):

QUESTIONS	Referee 1	Referee 2
Referee Name:		
Referee Company:		
Length of Employment:		
Position Held:		
Skill Level:		
Reliability/ Punctuality:		
Rehire or Recommend:		
Additional Comments:		
Manager/ HR Signature		

Proceed After Reference Check: YES NO

ORIENTATION DATE & TIME:	
COMMENCEMENT DATE:	