

WDS Hotels Pty Ltd

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:			

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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:

	Phone Application	Walk-in Application	Government Agency
	Response to Advert	Referral	Other (specify):

INTERVIEW DATE:

INTERVIEW TIME:

INTERVIEWED BY (Name & Position):

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

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

INTERVIEWER COMMENTS:

Proceed After Interview:		YES		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: