



young services club

that's my club

APPLICATION

FOR

EMPLOYMENT





The Young Services Club is an Equal Opportunity Employer. The information requested in this application form is required for us to enable a fair and equitable assessment process for all applicants.

MISSION STATEMENT

“To provide all staff and patrons with a safe, secure, clean and friendly environment, that can offer an enjoyable entertainment experience for people of all ages. This will be achieved by presenting the most professional, well trained, informed and customer focused staff, within any hospitality venue in the region”

Conditions of Employment

The following Conditions of Employment have been compiled by Management and Members of Staff, to help you to understand the duties and obligations expected of you at the Young Services Club and Young Federation Motor Inn.

All Staff must have the same objective:

The Success of the Young Services Club and Young Federation Motor Inn

To achieve this, we must work together as a **team**.

Getting along with team members is part of your job. As a team member, your co-workers are counting on you to come to work when you are scheduled, do your fair share of the duties and lend a hand whenever it is needed.

Working within the hospitality industry involves long and sometimes odd hours. More often than not, you will be required to work nights and weekends, as these are our busiest periods. All applicants should be available for any shift over the whole seven (7) days of the week, with emphasis on shifts from Thursday evening through to Sunday evening, a priority.

All new employees are considered on a probationary period of six (6) months. The purpose of this is to monitor and review your performance within the initial stages of your employment. During your probationary period, you are considered as being “Temporarily Employed”. The Young Services Club reserves the right to annul the appointment of any new employee.

Date of Application: _____

Position Applied For: _____

Employment Status: () Full Time () Part Time () Casual

Available to Commence: _____

Are you available to work: Week Days () Yes () No

Week Nights () Yes () No

Weekends () Yes () No

Personal Details

Title: () Mr () Mrs () Miss () Ms

Surname: _____

First Name: _____

Address: _____

Phone: _____ Mobile: _____

Date of Birth: _____ Age: _____

Email: _____

Emergency Contact

Surname: _____

First Name: _____

Address: _____



Phone: _____ Mobile: _____

Relationship: _____

Education

Secondary Education:

() Year 10 () Year 11 () Year 12 Year of Completion: _____

Technical/Professional:

Qualification: _____

Institution: _____ Year of Completion: _____

University:

Qualification: _____

Institution: _____ Year of Completion: _____

Other:

Please indicate which of the following you have completed:

() Responsible Service of Alcohol () Responsible Conduct of Gambling

() Security () First Aid

Please attach a copy of your Certificate to this Application.

Employment History

Please complete information for your last three (3) employers or attach your resume:



Employer No 1: _____

Position Held: _____ Period Employed: _____

Duties Performed: _____

Reason for Leaving: _____

Employer No 2: _____

Position Held: _____ Period Employed: _____

Duties Performed: _____

Reason for Leaving: _____

Employer No 3: _____

Position Held: _____ Period Employed: _____

Duties Performed: _____

Reason for Leaving: _____

Industry Experience

Please indicate your experience in the hospitality industry in **years or months**:

Bar Steward	Poker Machine Attendant	Keno/TAB	Restaurant Service
_____	_____	_____	_____
Club Doorperson	Supervisor/ Lockup	Cellar Operations	Weddings/ Functions
_____	_____	_____	_____
Club Administration	Club/Motel Reception	Housekeeping Motel Laundry	Motel Kitchen
_____	_____	_____	_____

Medical/Health Record

Injuries – I have or have had an injury to the following:

- | | | | |
|---------------------------------|-------------------------------------|-----------------------------------|----------------------------------|
| <input type="checkbox"/> Back | <input type="checkbox"/> Head | <input type="checkbox"/> Wrist/s | <input type="checkbox"/> Ankle/s |
| <input type="checkbox"/> Neck | <input type="checkbox"/> Shoulder/s | <input type="checkbox"/> Hand/s | <input type="checkbox"/> Hip |
| <input type="checkbox"/> Knee/s | <input type="checkbox"/> Elbow/s | <input type="checkbox"/> Finger/s | <input type="checkbox"/> Other |

Please provide details of the injury or treatment:

What is the current status of the injury?:

Illness – I suffer/have suffered from the following:

- Blackouts Heart Disorder Arthritis Skin Disorders
 Epilepsy Varicose Veins Hernia Breathing Disorder
 Migraines Asthma Allergies Other

Please provide details of the illness, the treatment and/or medication:

What is the current status of the illness?:

Smoking

- I have never smoked I currently smoke
 I have smoked in the past, but have since given up.

Hearing – What is the status of your hearing?

- Normal Hearing Impaired Current % of Impairment: _____

Please provide details of hearing impairment:

Are you aware of any condition likely to affect the full performance of your duties in employment? Yes No

If yes, please give details:



Have you ever lodged a claim for Workers Compensation? Yes No

If yes, please give details:

Would you be prepared to undergo a medical examination by the Club's Doctor, to determine your ability to carry out the full duties of the position you have applied for?

Yes No

General

Have you ever been discharged from any employer because your work or conduct was not satisfactory? Yes No If Yes, please give details:

Have you in the last five (5) years, been convicted of any offence other than minor traffic infringements? Yes No If Yes, please give details:

Do you have any objection to us seeking information, from your present/previous employers, regarding qualifications and character? Yes No
If Yes, please give details:

Is there any additional information you wish to give:

Supporting Information

Why do you want to become part of the team at the Young Services Club/Young Federation Motor Inn?

What is your greatest achievement to date?

Interests and Hobbies

Referee Details

Name: _____

Company: _____

Position: _____

Phone: _____



Name: _____

Company: _____

Position: _____

Phone: _____

Declaration

I authorise the Young Services Club to obtain information from any person, concerning my suitability for employment with the Club and hereby release any such person from liability for any damage, claims, costs and expenses, which may arise from the provision of such information.

I further declare that the statements made by me in this application, are true, complete and correct. I understand that false and misleading answers to any questions, will be regarded as misconduct and will be grounds for dismissal from employment.

Signature

All Applications will be treated with confidentiality and fairness.

Thank you for your interest in the Young Services Club and Young Federation Motor Inn.

Best wishes.