

# AMBERJACKS

## APPLICATION FORM FOR EMPLOYMENT

Please complete in full

<b>NAME</b>		
<b>ADDRESS</b>		
<b>POSTCODE</b>		
<b>TEL HOME</b>	<b>WK</b>	<b>MOB</b>
<b>DOB</b>	<b>APPLICATION DATE</b>	

<b>Have you had a previous workers compensation claim?</b>	<b>Yes</b>	<b>No</b>
<b>If yes please advise description of injury</b>		
<b>Has this claim been settled?</b>	<b>Yes</b>	<b>No</b>

**Please tick EIF/time Casual**

**Skills-- Please tick your relevant experience**

- |   |  |
|---|--|
| <ul style="list-style-type: none"> <li>▪ cooking</li> <li>▪ order taking</li> <li>▪ barista operation</li> <li>▪ food safe certificate</li> </ul> | <ul style="list-style-type: none"> <li>▪ understanding of real customer service</li> <li>▪ cash handling / till floats / eftpos</li> <li>▪ good eye for detail &amp; presentation of shop</li> <li>▪ cleaning / dishwashing / clean as you go</li> </ul> |
|---|--|

Other skills including courses/certificates relevant to the hospitality \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PROFESSIONAL WORK REFEREES-** May we contact these on your list? \_\_\_\_

NAME	TITLE	COMPANY	PHONE #	YOUR POSITION HELD

PLEASE TICK YOUR	AVAILABILITY (PLEASE NOTE YOU MUST BE AVAILABLE W/ends P/Hols)						
	MON	TUES	WED	THURS	FRI	SAT	SUN
AM							
PM							

**Please advise if you have any commitments pertaining to availability** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EMPLOYMENT HISTORY**

Please record your three past employees starting with most recent

LAST/PRESENT EMPLOYEE	TYPE OF BUSINESS
REFEREE NAME	TELEPHONE
DATES WORKED	REASON FOR LEAVING
<u>Brief description of duties</u>	

PAST EMPLOYEE	TYPE OF BUSINESS
REFEREE NAME	TELEPHONE
DATES WORKED	REASON FOR LEAVING
<u>Brief description of duties</u>	

PAST EMPLOYEE	TYPE OF BUSINESS
REFEREE NAME	TELEPHONE
DATES WORKED	REASON FOR LEAVING
<u>Brief description of duties</u>	

In signing this application & in the event of securing employment I acknowledge & agree to a two week trial period followed by a probationary period of three (3) months, however Management reserves the right to terminate your services at any time during this probationary period.  
I agree to have my uniform deduced from wages.  
I hereby confirm the above information provided to be true & correct.  
Misrepresentation of facts or material omissions shall be cause for dismissal.

\_\_\_\_\_  
**SIGNED**

\_\_\_\_\_  
**DATED**