

AMBERJACKS

APPLICATION FORM FOR EMPLOYMENT

Please complete in full

NAME											
ADDRESS											
POSTCODE											
TEL HOME	WK	MOB									
DOB	APPLICATION DATE										
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%;">Have you had a previous workers compensation claim?</td> <td style="width: 10%; text-align: center;">Yes</td> <td style="width: 10%; text-align: center;">No</td> </tr> <tr> <td colspan="3">If yes please advise description of injury</td> </tr> <tr> <td>Has this claim been settled?</td> <td style="text-align: center;">Yes</td> <td style="text-align: center;">No</td> </tr> </table>			Have you had a previous workers compensation claim?	Yes	No	If yes please advise description of injury			Has this claim been settled?	Yes	No
Have you had a previous workers compensation claim?	Yes	No									
If yes please advise description of injury											
Has this claim been settled?	Yes	No									

Please tick EIF/time Casual

Skills-- Please tick your relevant experience

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

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