

APPLICATION FOR EMPLOYMENT

Date: \_\_\_/\_\_\_/\_\_\_

Position: \_\_\_\_\_

Full-time                       Part-time                       Casual

Mr/Mrs/Ms/Miss

Surname: \_\_\_\_\_ Given Names: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_ P/C \_\_\_\_\_

Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Date of birth (if you are under 21 years of age): \_\_\_\_\_

Languages spoken other than English: \_\_\_\_\_

Are you a permanent Australian Resident?  Yes                       No

If you answered no, what type of Visa do you hold and when does it expire?  
\_\_\_\_\_

Do you hold a current unrestricted South Australian Driver's Licence?

Yes                       No

Availability – Please tick appropriate boxes

- |                                            |                                                |
|--------------------------------------------|------------------------------------------------|
| <input type="checkbox"/> Weekdays          | <input type="checkbox"/> New Years Eve/Day     |
| <input type="checkbox"/> Saturdays         | <input type="checkbox"/> Mothers Day           |
| <input type="checkbox"/> Sundays           | <input type="checkbox"/> Fathers Day           |
| <input type="checkbox"/> Christmas Eve/Day | <input type="checkbox"/> Other Public Holidays |

**EDUCATION**

Name of Institution                      Level Achieved/                      Year Course Completed

Secondary \_\_\_\_\_

Tertiary \_\_\_\_\_

Technical \_\_\_\_\_

**TRAINING**

Have you attended or completed any relevant trade or accredited training courses?

- Yes       No

If yes, please give details:

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Are you currently approved by the Liquor and Gambling Commission to work as one of the following?

- Gaming Machine Employee       Gaming Machine Manager  
 Responsible Person

**EMPLOYMENT HISTORY**

Company Name	Position	Employed From – To (Month/Year)	Reason for Leaving
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**MEDICAL**

Do you have a medical condition or restriction that may impact on, or restrict, your ability to perform the position you have applied for?

- Yes       No

If yes, please provide details:

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**REFEREES**

Please provide contact details for work-related referees:

Referee's Name	Company	Position	Telephone Number
_____	_____	_____	_____
_____	_____	_____	_____

**GENERAL**

Please provide any additional information that you consider relevant to your application.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I declare that the above information is true and correct and I further understand that a false statement or dishonest answer may result in my immediate dismissal, if employed.

Applicants Signature: \_\_\_\_\_

**OFFICE USE ONLY**

Interviewed by:

Comments:

References checked by:

Comments: