



## APPLICATION FOR EMPLOYMENT

DATE  \_\_\_ / \_\_\_ / \_\_\_

POSITION APPLIED FOR  F/T  P/T  CAS

PROPERTY

HOW DID YOU HEAR ABOUT THIS VACANCY

### PERSONAL DETAILS

SURNAME  GIVEN NAMES

PREFERRED FORM OF ADDRESS (MR. MRS. MS. MISS)

STREET ADDRESS

SUBURB  POSTCODE

TELEPHONE NUMBER  MOBILE NUMBER

TELEPHONE NUMBER  EMAIL

ARE YOU A PERMANENT RESIDENT OF AUSTRALIA? YES  NO

IF NO, WHAT TYPE OF VISA DO YOU HOLD AND WHEN DOES IT EXPIRE?

TEMPORARY  \_\_\_ / \_\_\_ / \_\_\_ WORKING HOLIDAY  \_\_\_ / \_\_\_ / \_\_\_

STUDENT  \_\_\_ / \_\_\_ / \_\_\_ OTHER  \_\_\_ / \_\_\_ / \_\_\_

DO YOU HOLD A CURRENT DRIVER'S LICENSE? YES  NO  PLACE OF ISSUE

ARE YOU OVER THE AGE OF 18 YEARS? YES  NO

LANGUAGES SPOKEN FLUENTLY

### EDUCATIONAL QUALIFICATIONS

NAME OF SCHOOL/COLLEGE	FROM	TO	LEVEL OF ACHIEVEMENT
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SECONDARY

UNIVERSITY OR COLLEGE

PROFESSIONAL

OTHER COURSES

### PERSON TO CONTACT/NOTIFY IN EMERGENCIES

NAME  RELATIONSHIP

TELEPHONE  HOME  BUSINESS  MOBILE

## AVAILABILITY

WHAT DATE ARE YOU ABLE TO COMMENCE \_\_\_\_\_

PLEASE MARK AVAILABILITY FOR EACH DAY

MONDAY	FROM _____	AM TO _____	PM
TUESDAY	FROM _____	AM TO _____	PM
WEDNESDAY	FROM _____	AM TO _____	PM
THURSDAY	FROM _____	AM TO _____	PM
FRIDAY	FROM _____	AM TO _____	PM
SATURDAY	FROM _____	AM TO _____	PM
SUNDAY	FROM _____	AM TO _____	PM

ARE YOU PREPARED TO WORK AS AND WHERE DIRECTED AND WORK OVERTIME WHEN REQUIRED? YES  NO

ARE YOU PREPARED TO WORK IN AREAS CONTAINING CIGARETTE SMOKE AND/OR ASHTRAYS? YES  NO

ARE YOU PREPARED TO WORK NIGHTS OR ON A ROTATING SHIFT WHEN NECESSARY? YES  NO

ARE YOU PREPARED TO ABIDE BY WORK AND SAFETY RULES? YES  NO

HAVE YOU PREVIOUSLY BEEN EMPLOYED BY VETROBLU MANAGEMENT PTY LTD? YES  NO

HAVE YOU BEEN CONVICTED OF AN OFFENCE UNDER ANY ACT? YES  NO

HAVE YOU APPLIED FOR ANY POSITIONS WITH THIS COMPANY BEFORE? YES  NO

IF YES, PLEASE PROVIDE BRIEF DETAILS \_\_\_\_\_

HAVE YOU EVER BEEN DISCHARGED FROM EMPLOYMENT BECAUSE YOUR WORK OR CONDUCT WAS NOT SATISFACTORY? YES  NO

IF YES, PLEASE SPECIFY \_\_\_\_\_

I AGREE THAT VETROBLU MANAGEMENT MAY, FROM TIME TO TIME, CHANGE MY ROSTERED DAYS OR HOURS OF WORK IN LINE WITH THE TERMS AND CONDITIONS OF MY EMPLOYMENT YES  NO

## DECLARATION

I authorise VetroBlu Management to:

Secure any information regarding myself, and I hereby release any person, firm or institution of all liability for any damage whatsoever issuing from such information.

Use the information provided on this application or obtained from an interview or reference for the purpose of deciding whether to offer me employment.

Pass on the information provided in this application to any contractor they may use to assist with the recruitment process

Keep my application on file for a period of three months if I am unsuccessful for this position, or to forward my application to another hotel or person in VetroBlu Management within that period, for consideration for future employment opportunities that are commensurate with my experience.

I acknowledge that if I ask VetroBlu Management to contact my referees and I ask for this information, they will provide me with names of the referees they contacted however they will not provide me with the details of the reference.

I further declare that the statements made by me in this application are true, complete and correct and that I am prepared to undergo a health assessment if need be. A false statement or dishonest answer may be grounds for my immediate discharge from employment with VetroBlu Management. If selected I agree to have my wages credited directly to a nominated bank account.

SIGNED \_\_\_\_\_

DATE \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**MEDICAL (ONLY TO BE COMPLETED UPON GAINING AN INTERVIEW)**

Please note: VetroBlu Management is committed to providing a safe working environment for all employees. As part of this it is our objective to ensure that employees are not required to work in duties, they are not able to perform safely. With that in mind, during the interview process you will be provided with a job description which outlines the nature of the work for which you are applying. Please read this document carefully and discuss any queries that you may have.

Pursuant to S.82(7) and (8) of the Accident Compensation Act which came into affect on 29 June 1998, you are required to disclose to your employer any pre-existing injury or disease of which you are aware and could reasonably be expected to affect your performance of the duties of the proposed employment that you are applying for.

We advise that a failure to make a disclosure, or the making of a false or misleading disclosure, would disentitle you to compensation pursuant to the Accident Compensation Act. Should you suffer any recurrence, aggravation, acceleration, exacerbation or deterioration of your pre-existing injury or disease arising out of or in the course of or due to the nature of employment with VetroBlu Management, we will rely upon failure to disclose in accordance with S. 82 (7) and (8).

Please disclose in the space provided any pre-existing injuries or diseases that you have suffered which could be affected by the nature of your proposed employment with VetroBlu Management, only after having read and understood the job description provided to you.

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

**DATE** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**JOB DESCRIPTION SIGHTED DURING INTERVIEW**

YES  NO

**FURTHER INFORMATION**

**ANY FURTHER INFORMATION WHICH MAY ASSIST YOUR APPLICATION?**

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**REFEREES (WORK RELATED)**

NAME	POSITION	COMPANY	PHONE NO.