

WINDSOR LEAGUES CLUB LIMITED



EMPLOYMENT APPLICATION FORM

NAME _____ D/O/B _____

ADDRESS _____

PHONE _____ MOBILE _____

RESPONSIBLE SERVICE OF ALCOHOL CERTIFICATE YES / NO

RESPONSIBLE GAMING SERVICE CERTIFICATE YES / NO

EMPLOYMENT HISTORY

PLEASE LIST YOUR LAST 2 EMPLOYMENT VENUES

EMPLOYER NAME _____ EMPLOYER CONTACT PH: _____

POSITION HELD _____ TIME IN POSITION _____

REASON FOR LEAVING _____

EMPLOYER NAME _____ EMPLOYER CONTACT PH: _____

POSITION HELD _____ TIME IN POSITION _____

REASON FOR LEAVING _____

WHAT KIND OF SHIFTS ARE YOU AVAILABLE FOR: _____

MORNING / AFTERNOON / NIGHT / WEEKDAYS / WEEKENDS / ANY

PLEASE NOTE THAT YOU WILL BE REQUIRED TO PRODUCE A CV UPON INTERVIEW & A TRIAL PERIOD OF 3 MONTHS APPLIES WITH EMPLOYMENT. PLEASE RETURN THIS FORM OR BRING IT BACK IN AND SEE DEBRA TAYLOR WHO IS AVAILABLE MONDAY TO FRIDAY 10AM TILL 3PM. THANK YOU FOR YOU APPLICATION.