

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 BY EMAIL TO collette@windsorleagues.com.au OR BRING IT BACK & SEE THE SHIFT SUPERVISOR ON DUTY.

THANK YOU FOR YOU APPLICATION.