

EMPLOYMENT APPLICATION

DATE:

APPLICANT INFORMATION							
Last Name	First						
Street Address			DOB:				
City	State	PC					
Phone Mobile:	Phone Home:	Email:					
Date Available to start:							
Preferred Location: Brothers (Manunda) <input type="checkbox"/> Fuller Sports (Edmonton) <input type="checkbox"/> Both <input type="checkbox"/>							
Position Applied for:							
Have you ever worked for Brothers or Fuller Sports Club in the past? YES <input type="checkbox"/> NO <input type="checkbox"/> If so, when?							
Do you have a current Drivers License? YES <input type="checkbox"/> NO <input type="checkbox"/> Do you have your own transport? YES <input type="checkbox"/> NO <input type="checkbox"/>							
EDUCATION / QUALIFICATIONS / EXPERIENCE							
Please list all Qualifications / Experience relevant to position applied for:							
<table style="width: 100%; border: none;"> <tr> <td style="width: 33%; border: none;">QLD RSA Statement of Attainment: NO <input type="checkbox"/> YES <input type="checkbox"/></td> <td style="width: 33%; border: none;">QLD RSG Statement of Attainment: NO <input type="checkbox"/> YES <input type="checkbox"/></td> <td colspan="2" style="width: 34%; border: none;">Working with Children Blue Card: NO <input type="checkbox"/> YES <input type="checkbox"/> Expiry:</td> </tr> </table>				QLD RSA Statement of Attainment: NO <input type="checkbox"/> YES <input type="checkbox"/>	QLD RSG Statement of Attainment: NO <input type="checkbox"/> YES <input type="checkbox"/>	Working with Children Blue Card : NO <input type="checkbox"/> YES <input type="checkbox"/> Expiry:	
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REFERENCES	
<i>Please list three work references.</i>	
Full Name	Position
Company	Phone ()
Full Name	Position
Company	Phone ()
Full Name	Position
Company	Phone ()

AVAILABILITY – PLEASE ADVISE BELOW WHEN YOU ARE AVAILABLE TO WORK

PREVIOUS EMPLOYMENT	
Company	Phone ()
Address	Supervisor
Position	
From To	Reason for Leaving
May we contact your previous employer for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Company	Phone ()
Address	Supervisor
Position	
From To	Reason for Leaving
Are you an Australian Citizen/Permanent Resident? YES <input type="checkbox"/> NO <input type="checkbox"/>	
If no, do you have a working visa? YES <input type="checkbox"/> NO <input type="checkbox"/>	
(Note: to be eligible for employment, applicants must have the appropriate work visa or have permanent residency status)	

Terms & Conditions of Application:

Thank you for providing Brothers Leagues Club and Fuller Sports Club Cairns your resume in consideration for up and coming positions. Due to the volume of resumes we receive, we are unable to respond to all applicants individually.

Your resume will be kept on file for a period of 3 months; however should you see a position advertised in the meantime that your skills suit please contact Human Resources and confirm that your resume is on file and that you would like to be considered for the advertised role.

We wish you well in your search for employment.

Regards

Eve Gordon-Blowers
Human Resources & Compliance Manager

DISCLAIMER AND SIGNATURE	
I certify that my answers are true and complete to the best of my knowledge. I have read and understood the above terms and conditions of application.	
Should this application lead to employment in the future, I understand that false or misleading information in my application or interview may result in my release.	
Do you have any pre-existing injuries or medical conditions (including any WorkCover claims history) which Brothers Leagues Club Cairns (Ltd) should be aware of that could be aggravated by performing the inherent requirements of the position applied for or in assessing workplace adjustments that would be required for your employment?	
Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer <input type="checkbox"/>	
If Yes, please provide details: _____	
I am willing to undertake an Australia Wide Criminal History Police Check should it be required NO <input type="checkbox"/> YES <input type="checkbox"/>	
Do you wish to identify as an Aboriginal and Torres Strait Islander NO <input type="checkbox"/> YES <input type="checkbox"/>	
Signature	Date