



# Yorkeys Knob Boating Club

25-29 Buckley St, Yorkeys Knob

Ph: 07 40 5577 11

## Employment Application

### Applicant Information

Full Name: \_\_\_\_\_  
*First Name Last Name*

Address: \_\_\_\_\_  
*Street Address*

\_\_\_\_\_  
*City State Post Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Date Available: \_\_\_\_\_ Position Applied for: \_\_\_\_\_

Are you an Australian Citizen? YES  NO  If no, are you authorized to work in Australia.? YES  NO

Have you ever worked for this company? YES  NO  If yes, when? \_\_\_\_\_

Have you ever been convicted of an indictable offence? YES  NO  If Yes, please explain: \_\_\_\_\_

*YKBC is open from 8am – Midnight 7 days per week.*

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<b>What hours are you available to work?</b>							

### Qualifications & Licenses

Responsible Service of Alcohol Certificate YES  NO

Responsible Service of Gambling

Drivers License   Type of License: \_\_\_\_\_

Responsible Management of Licensed Venue

Other \_\_\_\_\_

### References

*Please list three professional references that we may contact for suitability checks*

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

\_\_\_\_\_  
Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**Previous Employment**

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

**Disclaimer and Signature**

*I certify that my answers are true and complete to the best of my knowledge.*

*If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_