



# Earlwood-Bardwell Park RSL Club Limited

Hartill-Law Ave, Bardwell Park NSW 2207 ~ P.O. Box 14 Bardwell Park NSW 2207 ~ Tel: 93359999~ Fax: 93359988  
Incorporating EBP Sports: Doris Ave Earlwood 2206 ~ Tel: 9789 3022 ~ Fax: 9787 5599  
Email: info@ebprsl.com.au ~ Web: www.ebprsl.com.au

## APPLICATION FOR EMPLOYMENT      Date: \_\_\_\_\_

Name: \_\_\_\_\_

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

Ph: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_ (Mobile) \_\_\_\_\_

Email address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Position applied for: \_\_\_\_\_

**Education:** High School: \_\_\_\_\_  
Tech. / University: \_\_\_\_\_  
Other: \_\_\_\_\_

**Present Employment:** Employer: \_\_\_\_\_  
Position: \_\_\_\_\_ Duration: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Previous Employment:** Employer: \_\_\_\_\_  
Position: \_\_\_\_\_ Duration: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

Are you involved in any workers compensation and/or insurance claims ? If so, give full details.

As a requirement for employment at EBP RSL Club you MUST have the following certificates and have completed relevant training. Please indicate whether you have already obtained the following:

- a) Responsible Service of Alcohol certificate.      **Yes / No** (if yes, please attach)
- b) Responsible Conduct of Gambling certificate.      **Yes / No** (if yes, please attach)
- c) Bar Training Course.      **Yes / No** (if yes, please attach)
- d) Barista Training Course.      **Yes / No** (if yes, please attach)

**If you do not have any of the above they must be obtained prior to commencement of employment.**

**Please list your hours of availability below.**

Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_ Thurs \_\_\_\_\_

Fri \_\_\_\_\_ Sat \_\_\_\_\_ Sun \_\_\_\_\_

Are you currently studying or planning to undertake and study such as University or TAFE? **Yes / No**

How will this affect your availability? \_\_\_\_\_

**\*\*\*\*\*This page to be completed upon commencement of employment\*\*\*\*\***

Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Marital Status (Married/Defacto/Single): \_\_\_\_\_ Number of Dependents: \_\_\_\_\_

Tax File Number: \_\_\_\_\_ (Omission of tax file number will result in 50.255 tax)  
*Your Tax File Number will be given to Club Plus Superannuation Fund upon joining*

Club Plus Number (if applicable): \_\_\_\_\_

**CONDITIONS OF EMPLOYMENT**

1. I am aware that this Club is a social meeting place and whilst the inside of the Club is smoke free, within my working environment there exists outdoor smoking areas.
2. I accept that during the period of my employment I shall, if a Member of the Club relinquish such Membership, if not a Member of the Club, I shall not seek Membership during the period of my employment.
3.
  - a) I accept that as a condition of my employment I must leave the Club premises within 30 minutes of the conclusion of my shift unless authorised by Management of the Club to remain.
  - b) I must bundy on and off for all meal breaks.
  - c) I cannot consume alcoholic beverages whilst on duty.
  - d) The use of illegal substances will not be tolerated or allowed on the Club premises.
  - e) All drinks must be financially accounted for.
  - f) The playing of Keno or Gaming Machines before, during, or after a shift is not permitted.
  - g) Uniform, as designated by the Club shall be worn whilst on duty.
  - h) Smoking is not allowed *at any time* within the Club premises.
  - i) I realise that contravention of any of the above may lead to my instant dismissal.
4. I hereby certify that the information I have supplied is true and correct and as a condition of my employment I agree to the conditions contained in the Award.
5. I agree that the Club reserves the right either during or at the completion of the first twelve (12) weeks of my employment, to terminate my services with the required notice without giving any reason and I accept the Club's right if, in their sole opinion, I am unsatisfactory to dismiss me and undertake that I will take no further action to allow anyone to act on my behalf to seek my continued employment.
6. I am prepared to accept all reasonable directions by Club Management and to adhere to all Club laws and By-Laws.
7. I understand that as an employee I am not permitted to enter or be upon either Club premises outside of my normal shift or working hours without the approval of the Club CEO.
8. I **am / am not** a current member of Earlwood-Bardwell Park RSL. I acknowledge that as an employee of Earlwood-Bardwell Park RSL Club Ltd., I must relinquish my Club Membership if applicable and I acknowledge I am not permitted to become a member of the Club whilst employed.
9. **I understand that even if I am no longer employed by the Club, I am not permitted to enter either Club premises for five (5) years after cessation of such employment.**

**N.B. Applicant must supply formal identification in order to be considered for employment**

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

Witnessed by Club Representative: \_\_\_\_\_ Signed: \_\_\_\_\_  
(NAME)

Form of Identification sighted: \_\_\_\_\_ Signed: \_\_\_\_\_