

EMPLOYMENT APPLICATION

At Cabra Leagues we strive to ensure that we are our communities first choice for premium hospitality and entertainment. We are looking for warm, energetic and friendly individuals to join our team of service professionals.

Cabra Leagues is becoming one of the premier hospitality locations in South Western Sydney featuring multiple food outlets, gaming floor, TAB, bars, and regular functions and events.

To apply for a position with Cabra Leagues please complete and save a copy of this application form. Email your completed form, resume, a cover letter and any relevant supporting documents to support your application to info@cabramattarlc.com.au or hand the form into reception.

PERSONAL DETAILS			
Employment history p2 Note: Y = Yes and N = No			
Full Legal Name			
Preferred First Name			
Postal Address	House # & Street / PO Box		
	Suburb		
	Post Code		
Home Address (if Different from above)			
Email			
Mobile			
Home Phone Number			
D.O.B (optional)			
RSA ID #		Expiry Date	
RCG ID #		Expiry Date	
A-RCG ID #		Expiry Date	
If no RSA/RCG/ARCG are you willing and able to gain qualification before employment? If yes, have you already booked this?	Y	N (If Yes, Detail):	
Do you have any holidays or commitments in the next 6 months?			
What date are you able to start work?		Notice Period:	
Do you speak other languages other than English?	Y	N (If Yes, Detail):	
Have you ever worked in the club industry?	Y	N (If Yes, Detail):	
Have you ever previously worked for Cabra Leagues?	Y	N (If Yes, Detail):	
Do you have your drivers license?	Y	N	
We're you referred by a staff member?	Y	N (If Yes, Detail):	
Do you have any friends or family that work at Cabra Leagues?	Y	N (If Yes, Detail):	

EDUCATION

Education including present or future planned studies?			
Institution	From	To	Level (eg. B, Dip, Cert)
School Education Certificate Awarded?	Higher School Certificate Y or N		School Certificate Y or N
	Other		
	Year Completed:		

EMPLOYMENT HISTORY

Please start with most recent position

Dates (M/YY From & To)	Employer (Company)	Position Held	Reason for Leaving

REFERENCES

By completing this section, you give Cabra Leagues permission to contact your references regarding any aspect of your application and / or previous employment history.

Please provide at least two (2) previous work references

I give Cabra Leagues permission to contact my references as detailed below Y N

Signature (or Electronically print your full name):

Names	Position	Company	Contact Number

POSITION *** Tick all relevant***

- Hospitality Host - Food & Beverages (Attendant)**
Duties include: Customer Service, Bar Service, Keno, Coffee Making, Housekeeping and general cleaning duties
- Hospitality Host - Gaming (Attendant)**
Duties include: Customer Service, gaming machine tray service for food and beverages, housekeeping and general cleaning duties.
- Reception/Promotional Staff**
Duties include: Customer Service, Meet and Greet, Membership Services, event-sales enquiries, telephone enquiries, general enquiries
- Other**

Please select how many hours & type of work you are interested

Casual 15-30hrs <input type="checkbox"/>	Casual 35+hrs <input type="checkbox"/>	Permanent Full Time (38+hrs p/w) <input type="checkbox"/>
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OTHER INFORMATION

Have you ever been dismissed from other employment?

Y N

If Yes, what was the reason for the dismissal? Give all details including any criminal offences relating to your dismissal or resignation.

Due to the inherit requirements of specific roles within the Club if selected for a position you may be subject to a criminal history check.

Y N

Before a criminal history background check is completed you will be notified. Do you consent to Cabra Leagues completing a criminal history background check if you are selected for a position within the Club?

Have you ever been charged with or convicted of, a criminal offence (other than against traffic law)?

Y N

If yes, please detail any relevant information below.

(Note: This information may not exclude you from being eligible for employment with us. However, your detailed and accurate response is required.)

Are you an Australia Citizen or do you have a Residency, a Visa or other authority allowing you to legally work within Australia.

Yes - Citizen or Perm. Resident

Y - Other (detail)

N - Detail

Detail:

Do you have any work restrictions relating to an Australia Working Visa?

Y N

If yes, what restrictions does your visa have? Please explain your limited work conditions, restricted hours of work etc.

WORK HEALTH & SAFETY

To assist Cabra Leagues in fulfilment of its obligations under Work Health and Safety laws please disclose any information about any disability or medical condition that may:

- prevent you from performing the inherit requirements of the position you are applying for; or
- pose a risk to your health and safety, or the health and safety of others in the workplace.

Please note that positions at Cabra Leagues Club may require extended periods of standing and/or walking up to 12 hours per day, repetitive lifting items up to 15kgs, bending and reaching. In some areas of the business you may be exposed to flashing lights, live bands and music, alcohol, gaming machines, gambling and environmental tobacco smoke.

Select one of the two responses below and provide information where necessary.

I do not have a disability or medical condition that is required to be disclosed and am able to perform the requirements of the positions as outlined above.

I do have a disability or medical condition that is required to be disclosed or I have a concern regarding the requirements outlined above.

Please provide information in regards to your disability, medical condition or concern:

AVAILABILITY TO WORK

**NOTE: OUR BUSINESS GENERALLY HAS EMPLOYEES ONSITE FOR 24 HOURS A DAY 7 DAYS A WEEK. WEEKEND WORK IS A COMPULSORY ASPECT OF OUR WORKPLACE ENVIRONMENT
AVAILABILITY CHANGES WILL NOT BE PERMITTED WITHIN THE FIRST THREE (3) MONTHS OF PLACEMENT**

PLEASE INDICATE THE TIMES AND DAYS YOU ARE WILLING TO WORK. (EG FROM 7AM -6PM, OR ALL DAY ETC)

AGAINST ANY DAY YOU ARE UNABLE TO WORK, WRITE "NOT AVAILABLE"

MONDAY	
TUESDAY	
WEDNESDAY	
THURSDAY	
FRIDAY	
SATURDAY	
SUNDAY	

PLEASE ADD ANY OTHER INFORMATION YOU THINK WILL BE PERTINENT TO YOUR APPLICATION

PRIVACY STATEMENT

Cabramatta Rugby League Club respects your right to privacy and is committed to protecting your personal. The Club Privacy Policy outlines how we manage your personal information and can be obtained via our website www.cabraleagues.com.au or by requesting a copy of the Policy from our Human Resources Team.

We protect personal information through the use of secure databases that can only be accessed by authorised individuals. As a matter of course, employees, including those able to access personal information sign confidentiality agreements as a condition of their employment.

TERMS AND CONDITIONS OF EMPLOYMENT

I accept that in the event of being employed by Cabra Leagues Club it is a condition of my employment that:

1. I authorise the club to investigate the foregoing information without liability arising there from.
2. The information given by me is true and correct and I understand that if false information is supplied or relevant details are omitted my employment may be terminated.
3. I am willing to take a pre-employment medical check (at the Club's expense) to help assist my suitability for employment. I also agree to undertake such reasonable medical checks during my employment to assess my ongoing fitness for employment.
4. I will serve a qualifying period and I understand that I will have to satisfactorily complete the qualifying period before I will be offered ongoing employment with the Club.
5. I will comply with all Club requirements and directions that apply to me.
6. I will work on any shift at any reasonable location nominated by the Club.
7. I will comply with any request by the Club to search my locker, bags or possessions before I leave the premises.
8. I am legally entitled to work in Australia.
9. I will work to the required performance standards and adhere to the Club's Code of Conduct. I understand that should I fail to meet the Club's performance standards or not adhere to the code of conduct, I may be subject to disciplinary action, and failing satisfactory improvement, termination of my employment.
10. I will abide by all management directives regarding safety procedures, including the wearing of personal protective equipment or the use of safety equipment.

SIGN

(or electronically print full name)

Date