

LEGENDS HOTEL

G O L D C O A S T

APPLICATION FOR EMPLOYMENT

Please Note: We will not contact you unless we have a suitable position available.

Applications will be held on file for 3 months.

PLEASE COMPLETE YOUR APPLICATION FORM IN FULL, REGARDLESS OF WHETHER YOU ATTACH A RESUME!

Position Applied For: _____ 2nd choice: _____

Type of Position: Full-Time Part-Time Casual

Date of Application: _____ Wage/Salary Expectations: _____

PERSONAL INFORMATION

Preferred Title: Mr / Mrs / Ms (please circle preference)

Given Names _____ Family Name: _____

Known As: _____ Date of Birth: _____
(Voluntary)

Address _____

Street _____ Suburb _____ Postcode _____

Home Phone No. _____ Business Phone No. _____

Mobile No. _____ E-mail _____

Are you legally entitled to work in Australia? Yes No

If NOT an Australian Citizen, do you have Residency Status? Yes No

Specify Type: Resident Permanent Student Temporary

Date of Expire: _____

Are you willing to work the following?

Nights

Rotating Shifts

Weekends

EMPLOYMENT HISTORY

List most recent job first.

Employer's Name and Address: _____

Position Held: _____

Dates of Employment: _____ (From) _____ (To)

Duties and Responsibilities: _____

Name and Position of Immediate Supervisor: _____

Reason for Leaving: _____

Name of Referee: _____

Referee Contact Details: (Phone) _____

(E-mail) _____

Employer's Name and Address: _____

Position Held: _____

Dates of Employment: _____ (From) _____ (To)

Duties and Responsibilities: _____

Name and Position of Immediate Supervisor: _____

Reason for Leaving: _____

Name of Referee: _____

Referee Contact Details: (Phone) _____

(E-mail) _____

Employer's Name and Address: _____

Position Held: _____

Dates of Employment: _____ (From) _____ (To)

Duties and Responsibilities: _____

Name and Position of Immediate Supervisor: _____

Reason for Leaving: _____

Name of Referee: _____

Referee Contact Details: (Phone) _____

(E-mail) _____

EDUCATION/TRADE QUALIFICATIONS

Name of Institution	Duration of Studies		Degree/Certificate Obtained
	From	To	

GENERAL

Have you ever been terminated from work for misconduct or unsatisfactory performance?

Yes No

If Yes, Please give details: _____

Do you hold a current manual driver's licence? Yes No

Licence No: _____

What languages do you speak? _____

Other skills? _____

HEALTH ASSESSMENT – Please complete

Do you currently suffer from, or have you ever suffered from any disability, illness or medical condition, which would affect your ability to perform the job you are applying for?

Yes No

If yes, explain what functions you cannot perform and what accommodations could be made which would allow you to do the work adequately. (If additional space is required, attach separate letter.)

Comments: _____

ARE ANY OF YOUR FAMILY OR FRIENDS CURRENTLY EMPLOYED WITH LEGENDS HOTEL?

Yes No

If yes, please list name/s? _____

PERSON TO CONTACT IN CASE OF EMERGENCY

Name: _____

Relationship: _____

Address: _____

Phone: _____

DECLARATION:

I authorise Legends Hotel to secure any information regarding myself and hereby release any person, company or institution of all liability for any damage whatsoever issuing from such information. I further declare that the statements made by me in this application are true, complete and correct. I understand that a false statement, serious omission or dishonest answer to any question may be grounds for my immediate discharge from employment with Legends Hotel.

SIGNATURE OF APPLICANT _____

DATE ____/____/____

LEGENDS HOTEL GOLD COAST IS AN EQUAL OPPORTUNITY EMPLOYER.

FOR HUMAN RESOURCE USE ONLY

Interviewed	Code:	5 Outstanding	4 Good	3 Satisfactory	2 Fair	1 Poor
General Appearance						
Dress & Grooming						
Personality						
Attitude						
Language: ① Self Expression ② Voice & Speech						
Employment Stability						
Job Knowledge						
Relevant Skills						
Overall Opinion						
Comments		<hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>				
Interview Details	Department Interview		Human Resources			
	Suitable Position: <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____ By _____		Suitable Position: <input type="checkbox"/> Yes <input type="checkbox"/> No Job Offer: <input type="checkbox"/> Yes <input type="checkbox"/> No Date _____ By _____			
Recommendation	Job Title: _____ Department _____ Job Status: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Casual Wage/ Salary: _____ To Start On: _____ Date: _____ Payroll Classification Code: _____					