



Loxton Hotel

One of SA's great country pubs.

45 East Terrace, Loxton 5333

Ph: 08 8584 7266

Email: loxtonhotel@loxtonhotel.com.au

www.loxtonhotel.com.au

APPLICATION FOR, OR INTEREST IN, EMPLOYMENT

All applications will be treated in strictest confidence

POSITION(S) APPLYING FOR

What position or area of the Hotel are you applying for?

What type of employment are you applying for?

Salaried Full-time Part-time Casual Any

PERSONAL DETAILS

First Name	
Surname	
Address	
Contact phone number	
Are you a Permanent Australian Resident?	
Yes <input type="checkbox"/> No <input type="checkbox"/>	
If you answered no, what type of Visa do you hold and when does it expire?	
Do you have any work restrictions under your visa conditions? (e.g. restriction on the number of hours that can be worked)	
Do you hold any current Licences (e.g. Driver's Licence, Forklift licence)?	
Yes <input type="checkbox"/> No <input type="checkbox"/>	

If you answered yes, what type of licences do you hold?

AVAILABILITY (Please tick appropriate boxes)

Weekdays Saturdays Sundays Evenings/Nights

Public Holidays Christmas & New Year Period

If you have restrictions with any days and/or times due to other commitments please list below?

EDUCATION & TRAINING

Post-Secondary Education (E.g. university, TAFE, Registered Training Organisation)	
Name of Institution	
Qualification	
Year Completed	
Name of Institution	
Qualification	
Year Completed	
Name of Institution	
Qualification	
Year Completed	
School Education	
Name of School	
Highest year achieved	
Year Completed	
Have you completed any accredited training courses (e.g. RSA, Attend Gaming Machines)?	
Yes <input type="checkbox"/>	No <input type="checkbox"/>
If you answered yes, please provide details below?	

Are you currently approved by Consumer and Business Services (previously known as Office of Liquor and Gambling Commissioner) to work as one of the following?

Gaming Machine Employee Gaming Machine Manager Responsible Person

EMPLOYMENT HISTORY

Name of Business	
Position Held	
Dates Employed	
Reason for Leaving	
Name of Business	
Position Held	
Dates Employed	
Reason for Leaving	
Name of Business	
Position Held	
Dates Employed	
Reason for Leaving	

REFEREES

Name of Referee	
Business	
Position	
Contact Number	
Name of Referee	
Business	
Position	
Contact Number	

Name of Referee	
Business	
Position	
Contact Number	

MEDICAL INFORMATION

Do you have any previous, recurring or current medical condition or restrictions which may impair or prejudice your ability to perform the position you have applied for?
<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If you answered yes, please provide details below?</p>
Do you have any allergies food or otherwise that we would need to be aware of?
<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>If you answered yes, please provide details below?</p>

GENERAL INFORMATION

Please provide any additional information that you consider relevant to your application?

I declare that the above information is true and correct and I further understand that should I be employed by the employer, a deliberately false statement made in this application form, may result in disciplinary action being taken against me, which may include possible termination of employment.

Applicant's Signature: _____

Date: ____/____/____