



ARMIDALE EX-SERVICES MEMORIAL CLUB
 DUMARESQ ST
 ARMIDALE 6776 0800

**ARMIDALE EX-SERVICES
 MEMORIAL CLUB LTD**

Employee Application & Evaluation Form

Please Print

First Name: _____ Family Name: _____

Date of Birth: _____ Address: _____

Town: _____ Postcode: _____

Phone Numbers: Home: _____ Mobile: _____

Known As: _____ Position: _____ Level: _____
 (Helen - Jack - etc) (Catering - Bar - Cleaning - etc)

Status: _____
 (Fulltime - Casual etc)

Please ensure that you attach your Resume and relevant certificates to the application

Work Skills – Mandatory: **RSA** Yes No **RCG** Yes No

Other Skills: _____

What areas would you prefer to be trained? _____

Roster Availability: Days – (am – pm) _____

Signed: _____ Date: _____
 (Employee Signature)

1. Have you had any WORKERS COMPENSATION claims? Yes No
 If yes, please state the details of this claim.

2. Do you currently have any WORKERS COMPENSATION claims? Yes No
 If yes state the following:

Claim Number _____

Where the incident took place _____

When the incident took place _____