



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