



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 _____