
TEQUILA'S ON MAIN

Shop Gr082, Main Street, Rouse Hill Town Centre

APPLICATION FOR EMPLOYMENT

PERSONAL DETAILS

Date: _____

Full Name: _____

Date of Birth: _____ Nationality: _____

Address: _____ Postcode: _____

Phone: (Home) _____ (Mobile) _____

School (if applicable): _____

Marital Status (please circle): Single Married

EMERGENCY CONTACT INFORMATION

Full Name: _____

Relationship: _____

Address: _____

Phone: (Home) _____ (Mobile) _____

APPLICATION

Position Applied for (please circle):

BARMAN/BARMAID

COOK

WAITRESS/WAITER

KITCHENHAND

RUNNER

HOSTESS

EMPLOYMENT STATUS

On what basis do you want employment (please circle):

FULL-TIME

CASUAL

Are you available for an immediate start (please circle):

YES

NO

If not when: _____

QUALIFICATIONS AND TRAINING

Education attended - school or tertiary

- Highest Level Achieved: _____
- Place of Education: _____

Other courses attended:

1. Course Attended: _____ Date: _____

Place of training/education: _____

Certificate/qualification obtained: _____

2. Course Attended: _____ Date: _____

Place of training/education: _____

Certificate/qualification obtained: _____

3. Course Attended: _____ Date: _____

Place of training/education: _____

Certificate/qualification obtained: _____

PREVIOUS EMPLOYMENT

1. Employer: _____ Phone: _____

Job Title: _____

Duties and responsibilities: _____

Leaving Date: _____ Length of Service: _____

Reason for Leaving: _____

2. Employer: _____ Phone: _____

Job Title: _____

Duties and responsibilities: _____

Leaving Date: _____ Length of Service: _____

Reason for Leaving: _____

Number of jobs held over the last five years: _____

AVAILABILITY

From what times:

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____

Saturday: _____

Sunday: _____

-TRANSPORT

Do you have a current drivers licence (please circle)? Yes No

Do you have your own vehicle (please circle)? Yes No

If not, what will be your mode of transport to and from work? _____

HEALTH

Do you suffer from any chronic illness or disability (please circle)? Yes No

If yes, please specify details: _____

Do you suffer from (please circle):

Back Problems Yes No

Asthma Yes No

Tendonitis Yes No

Allergies Yes No

If yes, please give details of allergies: _____

Other: _____

WORK RELATED INJURIES

Have you claimed Workers Compensation within the last five years (please circle)? Yes No

If yes, please provide the following details:

Employer: _____

Date of Injury: _____

Nature of Injury: _____

DECLARATION BY APPLICANT

I certify that the information provided in this application to the best of my knowledge and belief is true and accurate.

If employed, I agree to wear such safety clothing and equipment as required by the Company, and to observe the safety rules laid down.

I further agree to familiarize myself with the Company policies and procedures, rules and regulation.

I acknowledge that quality control and customer service is of paramount importance and that, if selected for employment, I will act accordingly.

I agree, if employed, to work all shifts as required and will make myself available to work as necessary.

I accept that initial employment will be on probationary bases for up to three months. During this time employment can be terminated without any notice.

NAME:

SIGNATURE:

DATE:

MANAGER'S SIGNATURE:

COMMENTS: