



CREATE
CONSULTANTS

CREATE
EVENTS

Please note this is an electronic form and information should be completed directly into the form.
CREATEING a better environment.

JOB APPLICATION FORM

Position applied for:

Date:

Venue Name:

Type of position desired:	Full Time	Part Time	Casual	Level No. <small>ie Level 1-5</small>
Availability for work:	Days only	Nights only	Weekends	

PERSONAL DETAILS

Given name:

Family name:

Preferred name:

Date of Birth:

Address:

Daytime Telephone:

Mobile:

Email:

Emergency Contact:

Mobile:

Relationship:

Current qualifications/experience relevant to work applied for:

Qualification title / role	Institution/training provider	Year completed/working
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Are you currently undertaking study/training? (select one)

Yes

No

If yes, course/program name: (select one)

Full Time

Part Time

Casual

Other

Previous employment (most recent first)

Employer name/ establishment	Dates from/to	Position held	Reason for leaving
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OFFICE USE
check
initial/date

Do you agree to have referees contacted in relation to this application? (tick one) Yes No
(Reference checks will be conducted legally in an ethical manner and all information derived will remain confidential.)

Please provide details of three people who can speak on your behalf regarding your work history.

Name	Contact No.	Position held/working relationship <i>(eg supervisor)</i>	OFFICE USE check initial/date
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Please answer yes or no to the following questions

Do you hold a current Responsible Service of Alcohol (RSA) Certificate? *If yes, please attach copy or provide to Manager* Yes No

Are you an Australian Citizen? *If not, proceed onto working permit details* Yes No

Working Permit Details *(Please attach copy or provide to Manager)*

Permanent/ Resident Student Working Holiday Other, specify

Superannuation Fund Name USI Membership Number ABN

Please note

****Must include all 4 details*

If you do not provide super details, a new account will be set up for you with Hostplus.
 Super payments are made into your account quarterly.

Please provide any other information that you identify as being pertinent to this application.

OFFICE USE ONLY

Application Received	No	Yes	Date:
Entered into Key pay	No	Yes	Date:
TFN Form received and lodged with ATO	No	Yes	Date:
Location added	No	Yes	Date:
Portal access granted	No	Yes	Date:
Time attendance granted	No	Yes	Date:
Uniform deduction received	No	Yes	Date:
RSA Cert attached	No	Yes	Date:
Working Permit copy attached	No	Yes	Date:

DECLARATION

I declare that, to the best of my knowledge, the information given is true and correct. I understand that inaccurate, misleading or untrue statements or knowingly withheld information may result in termination of employment with this organisation. I understand that this application does not constitute an offer of employment. I understand that, in some cases, police and medical checks will be required and I will be notified if this applies to this application.

I hereby authorise Create Consultants and Create Events to secure any information regarding myself and hereby release any person, firm or institution of all liability for any damage whatsoever from issuing such information.

If employed I agree to all policies and procedures set out in the Create Consultants or Create Events employee handbook.

If employed, I am aware that I will be placed on a probationary period from the date of commencement during which time Create Consultants or Create Events reserves the right to release me from, or to extend my employment.

I agree to have my wages credited to my bank account:

Account Name	Banking Institution	BSB Number	Account Number
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Tax File Declaration has been completed and attached	Yes	No
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Name:

Date:

ONCE FORM IS COMPLETED, PLEASE CLICK "SUBMIT"