



APPLICATION FOR EMPLOYMENT

Please complete all sections of the application form in as much detail as possible.

What are you applying for?

Cookery Apprenticeship Food & Beverage Traineeship Butchery Apprenticeship

Briefly describe your understanding of the position you are applying for

What do you know about Hospitality Group Training

How did you hear about us

Career One Referral from an employer Centrelink / Job Network Provider
Internet VET/ HGT Visit Newspaper Advertisement
Other _____

Personal Details

Surname _____ Firstname _____

Address _____

_____ Postcode _____

Telephone _____ (mobile) _____

E-mail _____ Aboriginal/Torres St Islander Descent YES NO

Date of Birth ____/____/____ Age _____ Permanent Australian resident YES NO

Please provide 3 full names of persons to contact in the case of an emergency:

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Name _____ Phone _____ Relationship _____

Do you have a current drivers licence? FULL P's L's NO

Do you have access to a vehicle at all times? YES NO

Will you be relying on public transport? YES NO

If yes, please explain how you intend on travelling to work, keeping in mind you may be required to work early mornings, late nights & split shifts and weekends:

Under the Gaming Machines Act 1992, gaming machine employees are required to complete a personal information declaration. Are you able to provide a police clearance if required? YES NO

Education Details

1. Are you currently attending secondary school? YES NO

Name of Secondary School _____

a) If yes, what year are you currently completing? 10 11 12

b) If no, what was the highest year level you completed? 10 11 12

2. When did you complete this? ____ / ____ / ____

Please attach a copy of your final year school report card and SSABSA results

Prior Qualifications

3. Have you previously worked as an Apprentice or Trainee? YES NO

a) If yes, Company worked for as an apprentice or trainee _____

4. Have you fully completed any Certificate level qualification(s)?
This only includes **fully completed Certificate qualifications** ie Certificate 1, Certificate 2, Diploma, Degree etc and not short course format.

Certificate 1	<input type="checkbox"/>	Certificate 2	<input type="checkbox"/>
Certificate 3	<input type="checkbox"/>	Certificate 4	<input type="checkbox"/>
Diploma/ Degree/ Advanced Diploma	<input type="checkbox"/>	NO	<input type="checkbox"/>

5. What was the title of the qualification, and when did you fully complete it?
Please provide copies of your academic transcripts/ certificates

Commenced ____ / ____ / ____ Completed ____ / ____ / ____

TAFE / School / University attended _____

6. Did you obtain (finish) the above qualification within 2 years of leaving High School?

Yes Date completed ____ / ____ / ____ No

7. Do you have a disability that does not allow you to use the above qualification?

Yes No

Current Employment Status

8. Are you currently unemployed?

Yes No

If no, on what basis are you currently employed? Full Time Part Time Casual

If yes, have you been unemployed with Centrelink for 12 months or more?

Yes No How long have you been unemployed? _____ months

9. Are you registered with Centre Link? YES NO

a) If yes, what is your current Job Seeker ID Number? _____

10. Do you or your family have a current Health Care / Low Income Card? YES NO

11. Please list all previous or current employment history (if unpaid - state "work experience")

Company Name	Period of Employment (Start to End)	Main Duties	Hours Per Week	Reason For Leaving

12. Referees - list **3** referees from whom confidential reports may be obtained: (Please inform your referees that we may contact them prior to your interview)

Name & Position	Employer	Contact Number

Medical History

Medical history is requested on a non discriminatory basis. The information you provide is to assist HGT in finding you employment that is suitable to your work capacity.

In the hospitality industry you may be expected to undertake duties that include lifting, bending, twisting and standing for long periods of time.

13. Do you have a medical condition or restriction that may impact on, or restrict, the type of work you would be expected to perform? YES NO

If yes, please give details

DECLARATION

1. I declare that the above information is true and correct and I further understand that a false statement or dishonest answer may result in my immediate dismissal, if employed.
2. I understand that a medical examination may be required as part of the selection process. I accept this requirement.
3. In accordance with the provisions of the current privacy legislation, I hereby authorise a nominee of HGT to whom this application for employment is made, to conduct inquiries with previous employers and the referees provided herein, in order to determine my suitability for employment and to verify the information provided by me herein.

Name _____

Signature _____

Date ____ / ____ / ____

PRIVACY STATEMENT

HGT understands the importance of protecting your privacy and we are committed to complying with the Privacy Act 1988, and the National Privacy Principles. A copy of our Privacy Policy is available on request.

HGT collects personal information from you when you apply for employment. The personal information that you provide will be used by HGT to assist in assessing your suitability, ascertaining your experience and skills and ultimately offering you employment. No personal information will be disseminated for the purposes of marketing, capital gain or any unlawful purpose.

The personal information that you provide will be forwarded by HGT to host employers for the express purpose of assessing employment with our company.

If you consent to the distribution of your information to host employers, please sign below.

Name _____

Signature _____

Date ____ / ____ / ____