

HOSPITALITY GROUP TRAINING APPLICATION FORM

(Please print clearly and 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 Front Line Management

Family Name:		Given Names:	
Former Family Name:		Male <input type="checkbox"/> Female <input type="checkbox"/>	Date of Birth: / / Age:
Address:			
State:	Postcode:	Phone (H):	Phone (M):
Email: (This must be provided for your payslip which will be emailed weekly)			
Are you a permanent Australian Resident: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Were you born in Australia: <input type="checkbox"/> Yes <input type="checkbox"/> No If No, in which country were you born? _____			
Are you of Aboriginal or Torres Strait Islander origin? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Stated			
Please provide 3 full names of persons to contact in case of an emergency			
Name : _____		Phone : _____ Relationship : _____	
Name : _____		Phone : _____ Relationship : _____	
Name : _____		Phone : _____ Relationship : _____	
Do you have a current driver's license?		Do you have access to a vehicle at all times?	
FULL <input type="checkbox"/> P's <input type="checkbox"/> L's <input type="checkbox"/> NO <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>	
		Would you rely on public transport?	
		Yes <input type="checkbox"/> No <input type="checkbox"/>	
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 <input type="checkbox"/> No <input type="checkbox"/>			
EDUCATION DETAILS:			
Are you still at School? Yes <input type="checkbox"/> No <input type="checkbox"/>			
What was the name of the last Secondary School you attended: _____			
What year level did you complete?			
<input type="checkbox"/> Year 8 or lower		<input type="checkbox"/> Year 10	
<input type="checkbox"/> Year 9		<input type="checkbox"/> Year 11	
		<input type="checkbox"/> Year 12	
		<input type="checkbox"/> Did not go to school	
If you attended school, in what year did you complete this level? Year _____ (eg 1985)			
PRIOR QUALIFICATIONS:			
Since leaving school have you completed any qualifications? <input type="checkbox"/> Yes <input type="checkbox"/> No			
NOTE : You will need to provide copies of your academic transcripts/ certificates if you have completed any qualifications			
If yes, tick those completed:			
<input type="checkbox"/> Bachelor Degree or Higher		<input type="checkbox"/> Certificate 4	
<input type="checkbox"/> Advanced Diploma		<input type="checkbox"/> Certificate 3	
<input type="checkbox"/> Diploma Level		<input type="checkbox"/> Certificate 2	
		<input type="checkbox"/> Certificate 1	
		<input type="checkbox"/> Other (specify) _____	
CURRENT EMPLOYMENT STATUS:			
What is your employment status? <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Other describe: _____			
If unemployed, how long have you been unemployed? _____			
MEDICAL HISTORY:			
<i>In the hospitality industry you may be expected to undertake duties that include lifting, bending, twisting and standing for long periods of time</i>			
Do you have a medical condition or restriction that may impact on, or restrict, the type of work you would be expected to perform?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, tick any applicable boxes:			
<input type="checkbox"/> Loss of Hearing/Deaf		<input type="checkbox"/> Dermatitis / Eczema	
<input type="checkbox"/> Dyslexia		<input type="checkbox"/> Diabetes	
<input type="checkbox"/> Epilepsy / Fits		<input type="checkbox"/> Learning difficulties	
<input type="checkbox"/> Asthma / Wheezing		<input type="checkbox"/> Vision	
		<input type="checkbox"/> Back Pain, Back Injury, Sciatica	
		<input type="checkbox"/> Frequent or Migraine Headaches	
		<input type="checkbox"/> Allergies to smoke / food	
		<input type="checkbox"/> Other: _____	
If you answered yes to any of the above, please provide details:			

Have you ever made a workers compensation claim? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, please provide details about the date and description of the injury:			

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

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 and Position	Employer	Contact Number

DECLARATION

- 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.
- I understand that a medical examination may be required as part of the selection process. I accept this requirement.
- 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 : _____