



# APPLICATION FOR EMPLOYMENT

TODAY'S DATE: \_\_\_\_\_

## PERSONAL DETAILS (print only)

Surname \_\_\_\_\_

Given names \_\_\_\_\_

Street address \_\_\_\_\_

Suburb \_\_\_\_\_ Postcode \_\_\_\_\_

Date of birth \_\_\_\_\_  Male  Female

Phone home \_\_\_\_\_ Mobile \_\_\_\_\_

Email \_\_\_\_\_

Drivers Licence **Yes** **No** State \_\_\_\_\_ Licence # \_\_\_\_\_

## DETAILS OF POSITION APPLIED FOR

### Venue:

Kobe Jones Sydney  Rocks Teppanyaki  Waterfront Venues

### Employment status:

Casual  Part-time  Full-time  Salary

### Position applied for:

F&B service \_\_\_\_\_

Kitchen \_\_\_\_\_

Kitchen apprentice  Year 1  Year 2  Year 3

Cleaning \_\_\_\_\_

Sales & marketing \_\_\_\_\_

Finance & admin \_\_\_\_\_

Team leading \_\_\_\_\_

Management \_\_\_\_\_

Other \_\_\_\_\_

## RESIDENCY STATUS

Are you an Australian citizen or permanent resident? Yes      No

If you are not an Australian citizen or permanent resident, do you have a current visa that entitles you to work in Australia? Yes      No

*If you were not born in Australia, you must provide a copy of your citizenship certificate or the relevant visa from your passport, and bring your passport to your interview.*

## EMERGENCY CONTACT

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Contact phone number (in case of emergency) \_\_\_\_\_

## MEDICAL HISTORY (details that would affect work performance)

Allergies \_\_\_\_\_

Asthma \_\_\_\_\_

Epilepsy \_\_\_\_\_

Previous back injuries \_\_\_\_\_

Other \_\_\_\_\_

Have you ever lodged a claim for Workers Compensation? Yes      No

If yes, provide details: \_\_\_\_\_

Has the claim been finalised? Yes      No

Would you agree to undergo a medical examination if required? Yes      No

## EMPLOYMENT HISTORY

Are you currently working? Yes      No

Attach your resume or complete the chart below:

Company	Telephone #	Period employed	Reasons for leaving
		to	
		to	
		to	

Have you previously been employed by the Kobe Jones Group? Yes      No

If yes, provide details: \_\_\_\_\_

Do you have any friends or relatives working for the Kobe Jones Group? Yes      No

**WHAT HOSPITALITY SKILLS DO YOU HAVE? (please tick)**

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Bar useful only          | <input type="checkbox"/> Customer service         | <input type="checkbox"/> RSA # _____        |
| <input type="checkbox"/> Bar and cocktails        | <input type="checkbox"/> Espresso beverages       | <input type="checkbox"/> RCG # _____        |
| <input type="checkbox"/> Wine service & knowledge | <input type="checkbox"/> First aid certificate    | <input type="checkbox"/> Silver service     |
| <input type="checkbox"/> Cellar operations        | <input type="checkbox"/> Restaurant table service | <input type="checkbox"/> Kitchenhand        |
| <input type="checkbox"/> Cash handling/cashiering | <input type="checkbox"/> Functions food service   | <input type="checkbox"/> Commercial cookery |
| <input type="checkbox"/> Hospitality accounting   | <input type="checkbox"/> Stewarding               | <input type="checkbox"/> Event sales        |
| <input type="checkbox"/> Team leading             | <input type="checkbox"/> Management               | <input type="checkbox"/> Event management   |

Details of your software and Internet ability: \_\_\_\_\_  
 \_\_\_\_\_

What languages can you speak and/or understand? \_\_\_\_\_  
 \_\_\_\_\_

**EDUCATION AND PROFESSIONAL QUALIFICATIONS**

From universities, colleges and schools; short courses; and licences other than RSA and RCG.

Qualification	Provider	From	To

**YOUR AVAILABILITY TO WORK (tick when you can work)**

- |              |                              |                              |                              |                              |                              |                              |                              |
|--------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|------------------------------|
| <b>Day</b>   | <input type="checkbox"/> Mon | <input type="checkbox"/> Tue | <input type="checkbox"/> Wed | <input type="checkbox"/> Thu | <input type="checkbox"/> Fri | <input type="checkbox"/> Sat | <input type="checkbox"/> Sun |
| <b>Night</b> | <input type="checkbox"/> Mon | <input type="checkbox"/> Tue | <input type="checkbox"/> Wed | <input type="checkbox"/> Thu | <input type="checkbox"/> Fri | <input type="checkbox"/> Sat | <input type="checkbox"/> Sun |

Are there any circumstances known to you which could affect in any way your ability to undertake shift work or to work weekends or overtime? **Yes** **No**

If yes, provide details: \_\_\_\_\_  
 \_\_\_\_\_

Do you have transport to and from work? **Yes** **No**

Date available to commence first shift if successful \_\_\_\_\_

**3 REFEREES (excluding relatives)**

Referee's name	Company	Position	Telephone

I declare that the information on this form is complete and correct and authorise the company to perform all checks of my history and credentials, as allowed by law, including discussions with supervisors, co-workers, friends, business associates or other individuals that the company believes may have relevant information regarding my suitability for employment.

Signature

Date

*All personal information that is provided within this application is treated with strict confidence, in accordance with the Privacy Act 1988.*

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**OFFICE USE ONLY**

Interviewed by: \_\_\_\_\_ on \_\_\_\_\_ (date).

Outcome:       Successful       Unsuccessful       Re-interview

**If successful:**

Position offered

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Status       Casual       Part-time       Full-time       Salary

Level or grade

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Start date

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Proof of residency       Passport sighted       Copy of citizenship certificate or relevant visa attached

Approved by: \_\_\_\_\_ on \_\_\_\_\_ (date).

Approved by: \_\_\_\_\_ on \_\_\_\_\_ (date).