

APPLICATION FOR SEASONAL EMPLOYMENT RCMB SWIMMING CENTRE



Swimming season runs from November until April each year.

Personal Details				
Surname:				
Given Names:				
Address:				
Phone Number:				
Mobile Number:				
Email Address:				
Date Of Birth (Junior rates may apply):				
Availability				
All seasonal employment at the Swimming Centre is offered on a casual basis. Employment may commence earlier than start of season to assist with Swimming Centre opening tasks.				
Availability To Commence:	<input type="checkbox"/> Pre-season <input type="checkbox"/> Start of season <input type="checkbox"/> Other			
	If other please provide date and explanation:			
Availability:	Day:	Times:	Other Times(please state):	
	<input type="checkbox"/> Monday	<input type="checkbox"/> From 7am	<input type="checkbox"/> Until 9pm	<input type="checkbox"/>
	<input type="checkbox"/> Tuesday	<input type="checkbox"/> From 7am	<input type="checkbox"/> Until 9pm	<input type="checkbox"/>
	<input type="checkbox"/> Wednesday	<input type="checkbox"/> From 7am	<input type="checkbox"/> Until 9pm	<input type="checkbox"/>
	<input type="checkbox"/> Thursday	<input type="checkbox"/> From 7am	<input type="checkbox"/> Until 9pm	<input type="checkbox"/>
	<input type="checkbox"/> Friday	<input type="checkbox"/> From 7am	<input type="checkbox"/> Until 9pm	<input type="checkbox"/>
	<input type="checkbox"/> Saturday	<input type="checkbox"/> From 7am	<input type="checkbox"/> Until 9pm	<input type="checkbox"/>
	<input type="checkbox"/> Sunday	<input type="checkbox"/> From 7am	<input type="checkbox"/> Until 9pm	<input type="checkbox"/>
Maximum Daily Hours:				
Unavailability:	Day:	Times:	Other Times(please state):	
	<input type="checkbox"/> Monday	<input type="checkbox"/> From 7am	<input type="checkbox"/> Until 9pm	<input type="checkbox"/>
	<input type="checkbox"/> Tuesday	<input type="checkbox"/> From 7am	<input type="checkbox"/> Until 9pm	<input type="checkbox"/>
	<input type="checkbox"/> Wednesday	<input type="checkbox"/> From 7am	<input type="checkbox"/> Until 9pm	<input type="checkbox"/>
	<input type="checkbox"/> Thursday	<input type="checkbox"/> From 7am	<input type="checkbox"/> Until 9pm	<input type="checkbox"/>
	<input type="checkbox"/> Friday	<input type="checkbox"/> From 7am	<input type="checkbox"/> Until 9pm	<input type="checkbox"/>
	<input type="checkbox"/> Saturday	<input type="checkbox"/> From 7am	<input type="checkbox"/> Until 9pm	<input type="checkbox"/>
	<input type="checkbox"/> Sunday	<input type="checkbox"/> From 7am	<input type="checkbox"/> Until 9pm	<input type="checkbox"/>
Maximum Daily Hours:				
Qualification				
If the answer to any of the following questions is yes, please provide original certificate at time of interview – it will be returned to by Human resources Business Unit.				
Do You Hold A Current Lifeguard Certificate?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do You Have A Current First Aid Certificate?			Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do You Hold Any Other Qualification Relevant To The Position?			Yes <input type="checkbox"/>	No <input type="checkbox"/>

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Employment Eligibility

Are You Legally Entitled to Work In Australia?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do You Have Any Disability or Medical Condition That May Affect Your Capacity To Do The Job?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Referees

Please provide names, addresses and contact details of two employers or referees from whom confidential reports may be obtained (if required).

Referee 1	Name:	
	Address:	
	Phone Number:	
Referee 2	Name:	
	Address:	
	Phone Number:	

Emergency Contact

Please nominate a person and provide contact details for in case of emergency.

Name:	
Address:	
Phone Number:	
Other Contact Information:	
Relationship To You:	

Declaration

I declare that the information provided by me in this application is true and correct. I understand that a false statement by me or dishonest answer to any question may be grounds for my immediate termination of employment.

Signature

Name:			
Signature:		Date:	