

Leschenault Leisure Centre Employment Application Form



PERSONAL DETAILS

Return to: Administration/Finance Coordinator Leschenault Leisure Centre PO Box A109 Australind, WA, 6233 Fax: 08 9797 0268 Email: admin@llc.com.au Enquiries: 08 9797 4000	Surname:			Mr / Mrs / Miss / Ms
	Given Names:			
	Postal Address:			
		Post Code:		
	Email Address:			
	Date of Birth:		Telephone #	(H)
Are you a permanent resident of Australia?			(W)	
Yes <input type="checkbox"/> No <input type="checkbox"/> Visa Expiry: date _____			(Mob)	

POSITION DETAILS

Indicate where in Leschenault Leisure Centre you would like to gain employment:

Management	<input type="checkbox"/>	<u>Aquatic</u>	<u>Multi-Sports/Events</u>	<u>Food & Beverage</u>
Customer service officer	<input type="checkbox"/>	Aquatic Trainee <input type="checkbox"/>	Multi-Sports Supervisor <input type="checkbox"/>	Food & Beverage Supervisor <input type="checkbox"/>
Administration Assistant	<input type="checkbox"/>	Aquatic Supervisor <input type="checkbox"/>	Duty Manager <input type="checkbox"/>	Food & Bev. Assist <input type="checkbox"/>
Finance assistant	<input type="checkbox"/>	Aquatic Lifeguard <input type="checkbox"/>	Bookings Officer <input type="checkbox"/>	.
Membership Advisor	<input type="checkbox"/>			<u>Creche</u>
			Gymnastics Coach <input type="checkbox"/>	Child career <input type="checkbox"/>
		Aquarobics Instructor <input type="checkbox"/>	Junior Sports Coach <input type="checkbox"/>	Holiday program assist <input type="checkbox"/>
Gym Instructor	<input type="checkbox"/>	Swim School Supervisor <input type="checkbox"/>	Events Set-up <input type="checkbox"/>	
Group Fitness Instructor	<input type="checkbox"/>	Swim School Teacher <input type="checkbox"/>	Umpire of _____ <input type="checkbox"/>	

What days are you available to work?

Monday	<input type="checkbox"/>	Friday	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	Saturday	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	Sunday	<input type="checkbox"/>
Thursday	<input type="checkbox"/>		

What hours are you available to work?

Days (8.00am—5.00pm)	<input type="checkbox"/>
Mornings (5.30am—12.00pm)	<input type="checkbox"/>
Afternoons (12.00pm—6.00pm)	<input type="checkbox"/>
Evenings (4.00pm—12.00am)	<input type="checkbox"/>

EDUCATION

List formal Qualifications:

Schools, Colleges, Universities etc...	Starting Date:	Finishing Date:	Qualifications Gained eg: Year 12 Certificate, Bachelor of Arts, etc
Trade or Professional Qualifications			Date Gained

EMPLOYMENT HISTORY

Position Held	Employer	From	To	Summary of Duties Performed

REFEREES

List the names and contact numbers of three referees:

	Name	Organization	Contact Number
1			
2			
3			

HEALTH

Applicants who have a health condition are invited to discuss it's relevance or to their prospects for employment with the Centre Manager.

To the best of your knowledge and belief, are you of sound health?

Yes ☐

No ☐

If "No", please give details:

DISABILITY / MEDICAL CONDITION / INJURY

A disability, medical condition or injury are not barriers to being considered for employment. However, to assist in assessing opportunities for your placement in appropriate employment, please answer:

Do you have any disability, medical condition or injury which may effect your ability to perform, or which could recur, or be aggravated, by the type of work you have expressed interest in?

Yes ☐

No ☐

If yes, please give details:

WORKERS' COMPENSATION

A previous Workers' Compensation Claim is not a barrier to being considered for employment. However, to assist in assessing opportunities for your placement in appropriate employment, please answer:

Have you ever made a claim for Workers' Compensation?

Yes ☐

No ☐

If "Yes", please give details

CRIMINAL CONVICTIONS

A criminal record does not automatically disqualify an applicant. If considered that your criminal record is relevant to the position applied for, opportunity will be given to discuss the matter before a decision is made.

Do you have any convictions for any offences, or are you currently the subject of any charges?

Yes ☐

No ☐

If "Yes", please give details

DECLARATION

I declare statements in this application to be true in all respects. I acknowledge that any statements which are found to be false or deliberately misleading will make me, if employed, liable for dismissal.

Signature:

Date
