

CASUAL EMPLOYMENT APPLICATION FORM



Thank you for your interest in casual employment at Adventure Park.
 All employment applications will be reviewed by our Human Resource Department.
 Minimum employment application age is 15 years.

PERSONAL INFORMATION (PLEASE PRINT LEGIBLY)

Last Name _____ First name _____ Middle _____

Address _____ Suburb _____ State _____ Postcode _____

Phone (home) _____ Mobile _____ Email _____

DOB _____ / _____ / _____ Age _____

EMPLOYMENT AVAILABILITY

(NOTE: THIS POSITION WILL REQUIRE YOU TO BE AVAILABLE FOR WORK ON ALL WEEKENDS AND OVER THE SCHOOL HOLIDAY PERIOD)

Date you can commence work: _____ / _____ / _____

SCHOOL TERM Availability

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
PLEASE TICK THE DAYS YOU ARE AVAILABLE FOR WORK DURING THE VICTORIAN SCHOOL TERM							

SCHOOL HOLIDAYS Availability

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
PLEASE TICK THE DAYS YOU ARE AVAILABLE FOR WORK DURING THE VICTORIAN SCHOOL HOLIDAYS							

Are there any restrictions to your availability? YES NO If YES please explain _____

PLEASE NOTE: AVAILABILITY ON PUBLIC HOLIDAYS AND THE JANUARY / APRIL SCHOOL HOLIDAY PERIODS IS COMPULSORY.

DO YOU HAVE A PRIOR COMMITMENTS PLANNED? YES / NO

If YES please explain _____

GENERAL INFORMATION

Why would you like to work for Adventure Park?	
Are any of your family members currently working for Adventure Park?	
If yes please indicate their name(s) and relationship:	
Are any of your friends currently Working for Adventure Park?	
If yes please indicate their name(s) and how you know them:	
Do you have a reliable form of transport to get to and from Adventure Park?	

EDUCATION

	NAME OF SCHOOL	YEARS SUCCESSFULLY COMPLETED	DID YOU GRADUATE?	SUBJECTS/COURSE STUDIED
Secondary School		7 8 9 10 11 12	YES / NO	
University		1 2 3 4	YES / NO	
TAFE / Trade School		1 2 3 4	YES / NO	

CERTIFICATION & TRAINING please tick below any CURRENT certification, license or training that you have achieved:

<input type="checkbox"/>	Working With Children Check	<input type="checkbox"/>	Bronze Medallion
<input type="checkbox"/>	CPR	<input type="checkbox"/>	Lifeguard Certificate
<input type="checkbox"/>	Defibrillation	<input type="checkbox"/>	Food Handling Certificate
<input type="checkbox"/>	Advanced Resuscitation (Oxygen)	<input type="checkbox"/>	Responsible Service of Alcohol
<input type="checkbox"/>	First Aid level 2	<input type="checkbox"/>	Manual Drivers License
<input type="checkbox"/>	First Aid level 3		

Please list any additional experience or skills you have that are relevant to the department for which you have applied:

Career goal: _____
 Languages Spoken (1st Language) _____ (2nd Language if applicable) _____

Please include with your application copies of any of the above current training certificates.

EMPLOYMENT HISTORY / WORK EXPERIENCE

CURRENTLY EMPLOYED AT:

Date (d/m/y) From: To:	Employer name: Address:	Position:	Reason for leaving:
Duties Performed:			
Supervisor's Name:	Phone:	May we contact:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Management Reference check done by: _____

EMPLOYED AT PRIOR TO THE ABOVE POSITION:

Date (d/m/y) From: To:	Employer name: Address:	Position:	Reason for leaving:
Duties Performed:			
Supervisor's Name:	Phone:	May we contact:	<input type="checkbox"/> Yes <input type="checkbox"/> No

Management Reference check done by: _____

During the past seven years, have you ever been discharged, suspended or asked to resign from any position? YES NO

REFERENCES (Give below the names of two professional references, whom you have known for at least one year. (Non-Family members))

Name	Address	Phone	Relationship	Years Acquainted

I declare that all the above information is correct. Applicant's Signature: _____ Date: ____/____/____

Should you have any questions please contact the Human Resource Department at Adventure Park Victoria during office hours on:
Phone: 03 52 502 756 Email: hr@adventurepark.com.au Postal: PO Box 370 Leopold 3224 www.adventurepark.com.au

OFFICE USE ONLY – Human Resource Department Recruitment Process

INTERVIEWED BY: _____

APPLICANTS INTERVIEW INFORMATION:

Date employment application received: ____/____/____ Date interviewed: ____/____/____

Resume Attached: YES NO Interviewers Notes:

EMPLOYED: YES NO

Photograph Attached: YES NO

If NO: Unsuccessful email sent YES NO

If YES: Induction Kit Issued: YES NO

Department Employed for: RA TG/GS RS FB G/T/C/B (RWS)