Employment Opportunity

GOLF CLUBS



Date							and the second sec
Name							
Address							
Phone	Date of birth						
Email							
Do you hold a d	current dri	ver's licence?		Yes	No		
Have you ever worked in a Registered Club? Yes No							
If yes, which clu	ub(s)?						
Please tick are	as you hav	ve experience	in:				
TAB Beer pulling Fitness		Keno Customer serv Cafe	vice	Poker machines Reception dutie Cash handling		Security	
Certificates he	ld:						
RSA Certificate		RCG Certificat	e	Fitness Certificate		Security Certificate	
Please tick whe	en you are	available and	l prepared to	work:			
Anytime AM only PM only	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
		Public Holidc	iys	School Holidays		Christmas Day	
		New Year's E	ve	Easter			
easts	Have you ever received Worker's Compensation? Yes No						
BOWLING &	lf yes, i	reason:					

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