equinOx

Enjoy a Bite at the Jetty

BUSSELTON BEACH SHACK TAKEAWAY

Grab a Snack at the Shack!

Application for Employment *(Confidential).*

Surname:	**Given names:**	
Address:		**Post Code:**
Home Phone:	**Mobile Phone:**	
Email:		
Date of birth (optional): / /	**Gender** (optional): ☐ Male ☐ Female	
If under 18 yrs, name of Parent / Guardian:		
Date of application: / /	**Position applied for:**	
Standard reached at school: ☐ High School – Year …… ☐ Tafe ☐ University ☐ Other (please specify)	**Responsible Service of Alcohol** ☐Yes ☐No **If completed apprenticeship, who with:**	
Qualifications / certificates (if any):	**Completed through:** (Please use additional page if required)	

Do you hold a First Aid Certificate: ☐ Yes ☐ No If Yes Please Specify

Have you worked in any of these positions: ☐ Kitchen ☐ Restaurant ☐ Bar

Do you know any Equinox employees: ☐ No ☐ Yes
Name/s:

Are you currently employed: ☐No ☐Yes
When are you available to start: / /

Are you a Australian Permanent Residence: ☐Yes ☐No
If No Provide: Passport Number: _____ Country of Passport:_____

Previous employment details (please list your most recent employer first)

Employer Name	From (mnth / yr)	To (mnth / yr)	Type of work done	Reason for leaving	Referee Name

"Equinox" pays wages via direct entry to bank/financial institution:
☐ Yes, I accept payment by direct entry.

Medical Information (Confidential)

Do you have any disabilities or other problems that would:

- preclude you from carrying out the complete range of duties of this position or
- that will make it difficult for you to attend work at all times when you are required to do so or
- that we should be aware of to ensure your safety and well being if you were employed by this Company.

(You are warned that you may NOT be entitled to receive compensation where you give a false answer)

Tuberculosis, asthma, bronchitis or chest problems?	☐No ☐Yes detail:
Chest pain, heart condition or raised blood pressure?	☐No ☐Yes detail:
Blackouts, fits or attacks of giddiness?	☐No ☐Yes detail:
Depression, mental illness or nervous breakdown?	☐No ☐Yes detail:
Rheumatism or arthritis?	☐No ☐Yes detail:
Back trouble?	☐No ☐Yes detail:
Typhoid or paratyphoid?	☐No ☐Yes detail:
Digestive or bowel disease?	☐No ☐Yes detail:
Diabetes, thyroid or other gland trouble?	☐No ☐Yes detail:
Bladder or kidney trouble?	☐No ☐Yes detail:
Dermatitis or skin trouble?	☐No ☐Yes detail:
Allergy to any common substance?	☐No ☐Yes detail:
Varicose veins?	☐No ☐Yes detail:
Colour Blind?	☐No ☐Yes detail:
Any other accident, operation or illness?	☐No ☐Yes detail:
Have you any reason to believe you may be infected with any communicable disease?	☐No ☐Yes detail:
Any other current or recent medical condition or treatment which might affect your attendance or performance at work?	☐No ☐Yes detail
Has any illness or medical condition prevented you from attending work on your normal duties or activities for more than one week during the past year? If yes, please specify.	☐No ☐Yes detail:
Do you have any physical or mental impairment which has a substantial and long term effect on your ability to carry out day to day activities? If yes, please specify any special adjustments required in relation to work.	☐No ☐Yes detail:
Do you smoke?	☐No ☐Yes detail:
How many units of alcohol do you drink per week? *(one unit = 1 middy beer = 1 glass wine = 1 shot of spirits)*	

Where you have answered yes in respect of the above, state:

The disease or condition:	
When first suffered:	
Period of absence from work:	
In which employers employment:	
Detail of any compensation received:	
Names of all doctors consulted: (Please use additional page if required)	

Do you agree to being medically examined (if required):	☐Yes ☐No

Are you currently undertaking further studies, if so please provide detail here:
