



COMFORT HOTEL PERTH CITY

EMPLOYMENT APPLICATION

Date of Application:	/ /						
Basis of Application:	Casual		Part Time		Full Time		AWA
Position Applied For:							
Title:		Surname:		First Names:			
Address:							
Suburb:						Postcode:	
Phone:		Mobile:		Email:			

PHYSICAL HEALTH HISTORY – PLEASE NOTE: Where it is proved that the worker has, at the time of seeking or entering employment in respect of which he/she claims compensation for a disability, willfully and falsely represented themselves as not having previously suffered from a disability, a dispute resolution body may in its discretion refuse to award compensation which otherwise would be payable.

Applicant to complete (please indicate (Y) for YES and (N) for NO	Y/N	Discussion / Comments
Are you required to take medication that may affect your work performance significantly		
Are you required to take medication which may affect your reliability to attend work		
Are you willing to undergo a medical examination if offered employment		
Have you a past injury that may reoccur and impact on your ability to complete your duties		
Is there any reasons that prevents you from wearing safety or protective equipment		
Have you had tetanus injections in the last 8 years – if applicable to work duties		
Are you affected by working at height or confined spaces that would affect your job duties.		
Do you suffer from any neck, shoulder, knee, back or other joint problems that will affect your ability to perform your job duties.		
Do you suffer from hearing or sight loss that may impact on your ability to complete your duties		
Do you have allergies or reactions to environmental conditions that may affect your work duties		
Please provide details of any previous or current medical condition or restriction, physical or otherwise, which may affect your ability to perform the essential requirements of the job. This must include any medical condition or restriction arising from a previous worker's compensation claim. Failure to provide such information may jeopardize your rights to worker's compensation if a pre-existing disability is aggravated at work. (Section 79 of the Worker's Compensation and Injury Management Act 1981)		

EXPERIENCE & SKILLS EVALUATION:

1 = 12 months experience or more:

2 = 6 -12 months experience:

3 = 6 months or less

HOUSEKEEPING:				
Housekeeper	Supervisor	Room Attendant	Laundry	Public Area Cleaner
Porter	Mini Bar Attendant	Rooms Maintenance		
FRONT OFFICE:				
Receptionist	Reservations Clerk	Switchboard	Cashier	Night Audit
Porter	Sales Executive	Front Office Management	Front Office Supervision	Yield Management
<i>Please indicate hotel front office systems that you have experience with:</i>				
FOOD & BEVERAGE:				
Waitperson	Wine Attendant	Bar Attendant	Cocktails	Coffee Making
Cashier	Maitre'd	Cellar	Breakfast Cook	Qualified Cook
Kitchen Hand	Approved Manager	Supervisor	Shift Leader	Promotions
<i>Qualified Chefs: Please indicate level of qualification</i>				



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PREVIOUS EMPLOYMENT:

Please **ensure** that you attach a copy of your work history, resume must be completed up to date.

LIST THREE PROFESSIONAL REFEREES CONTACT NUMBERS: – ensure contact numbers are accurate				
CONTACT NAME	COMPANY NAME	PHONE NUMBER	POSITION OF REFEREE	(Office Use)
1.				
2.				
3.				

WORK PERMITS:

Are you an Australian resident or legally entitled to work in Australia? **YES / NO**

If you have a work permit, you will be required to furnish us with a copy of your work permit on commencement of employment.

POLICE CLEARANCE:

You will be required to provide a current national clearance.

HOURS OF AVAILABILITY: Are you prepared and available to work?				
	YES	NO	Comment	
Afternoon Shift:				
Night Shift:				
Weekends:				
Public Holidays:				
DAYS UNABLE TO WORK: Are there any days that you are unable to work?				
	YES	NO	Comment	
MONDAY				
TUESDAY				
WEDNESDAY				
THURSDAY				
FRIDAY				
SATURDAY				
SUNDAY				
If requested would you be able to work outside normal hours?	REGULARLY	OCCASIONALLY	RARELY	NO
<i>Are there any commitments that you have scheduled in the future where you would require leave after commencement of employment?</i>				
<i>Please indicate what date you would be able to start if you were offered employment</i> / /				
<i>If you are offered employment, is there a specific period you are available</i> FROM / / TO / /				

TRANSPORT: – Due to the needs of the business operation, staff are required to work weekend, early mornings, late evenings and public holiday shift work. In consideration of being able to meet the commencements times of the position, please answer the following:

Do you have your own transport	YES / NO	If not, is there public transport that will allow you to attend work in time to meet shift commencements	YES / NO
If you are called in at short notice and you agree to work the required shift, what is the travelling time from your place of residence to work:		If you have a Driver's License, please indicate what class of license / s you hold:	

LANGUAGE:

Do you require assistance with interpretation or completing paperwork to perform work duties accurately & safely	YES / NO
Do you speak any languages other than English? If so, what language :	

Privacy Acknowledgement

As a condition of submitting this application and should you be employed, you acknowledge that in providing information, it may be disclosed to third parties such as by way of example: Banks, Real Estate Agents that may contact us from time to time to obtain information about your employment. If we are not to provide any information to third parties, please advise us in writing.

ABOUT YOUR APPLICATION

All applicants for employment must possess documentation establishing their eligibility for employment in Australia. Comfort Hotel Perth City is part of the Hotel Franchise Group – Choice Hotels Australasia, incorporating the brands of Econolodge, Comfort, Quality and Clarion. If your application is successful you will be employed by the company (Perth City Hotel Pty Ltd t/a Comfort Hotel Perth City.) Due to the volume of candidates for various roles, we regret that we only contact short listed candidates for interviews. You may contact us at any time to determine the stage of your application. By signing this application, you declare that each and every answer provided to the hotel on this application form is to the best of your knowledge and belief true and accurate. You understand that should false or misleading information be provided this may result in consideration being given to termination of your employment.

APPLICANTS SIGNATURE:	DATE: / /
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