

# Silver Sands Resort



## EMPLOYMENT APPLICATION

*Please complete all sections, sign and return to our office for processing. Incomplete applications will not be processed.*

# EMPLOYMENT APPLICATION

*This form plays an important part in the selection process for all positions. Please complete it carefully and in full.*

## POSITION BEING APPLIED FOR:

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## Personal Details

**Surname**

**Given Names**

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**Date of Birth (Optional)**  
(Optional)

**Place of Birth (Town & Country)**

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**Nationality**

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**Home Address**

**Suburb**

**Postcode**

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**Telephone**

Home: ( )	Work: ( )	Mobile:
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**Email Address**

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**Emergency Contact – one MUST be supplied**

**Name**

**Relationship to Applicant**

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**Telephone**

Home: ( )	Work: ( )	Mobile:
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**Are you prepared to work nights, public holidays and weekends when required?** **Yes / No**

**Do you smoke?** **Yes / No**

**Are you in good health?** **Yes / No**

**Do you have any condition or injury that may restrict you or make you unable to perform the type of work that you are applying for?** **Yes / No**

**If yes, please provide details below**

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**If your application is accepted you may be required to work with commercial grade chemicals. Do you have any medical condition or injury that may restrict you from using these chemicals?** **Yes / No**

**If yes, please provide details below**

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**Do you have your own reliable transport?** **Yes / No**

**Do you hold a current Drivers Licence?** **Yes / No**  
**Classes:**

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**Have you ever made a workers compensation claim with a previous employer?** **Yes / No**

**If yes, please provide details below**

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**Are you an Australian Citizen?** **Yes / No**

**If No, please provide details**

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**Have you ever had any criminal convictions?**

**Yes / No**

**If Yes, please provide details**

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**Have you ever been dismissed from previous employment for misconduct?**

**Yes / No**

**If Yes, please provide details**

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**Qualifications/Special Skills**

Please provide details of any qualifications or special skills that you have obtained that you feel would be relevant to your employment.

Qualification/Skill	Date Obtained	Other details



**Special Note:**

If you are employed, you will be on a probationary period of three (3) months. During or at the end of this probationary period Silver Sands Timeshare Club Limited is under no obligation to continue your services. If at any time during this period your services are unsatisfactory, your services will be terminated.

**Do you understand the above?**

**Yes / No**

**Checklist:      *Please ensure you have:***

- 1. Answered **all** questions;
- 2. Attached your current resume.
- 3. Signed and dated this form.

I understand the terms of my employment are probationary and agree to these terms.

..... / ..... / .....

*(Signature)*

*(Date)*



If you are a Visa Holder please ensure you complete these detail or processing of you employment application may be delayed.

Department of Immigration and Citizenship

Authority to Obtain Details of Work Rights Status

EMPLOYEE DETAILS
(As specified in passport or other identity document)

Family Name:

Given Name(s):

Other Names(s) (eg maiden name):

Date of Birth: \_\_\_ / \_\_\_ / \_\_\_

Nationality: \_\_\_\_\_

Passport Number: \_\_\_\_\_

Visa Number: \_\_\_\_\_

Visa Expiry Date: \_\_\_ / \_\_\_ / \_\_\_

I authorise the department to release the details of my work rights status (that is, my entitlement to work legally in Australia) to the employer/labour supplier named on this form.

I understand that these details are held on departmental files and computer systems. I further understand that the employer/labour supplier will use this information for the purpose of establishing my legal entitlement to work in Australia, and for no other purpose. I also understand that I allow release of my work rights for a period of three months from the date below.

Employee Signature:

Date: \_\_\_ / \_\_\_ / \_\_\_

EMPLOYER/LABOUR SUPPLIER DETAILS

Business Name:

Australian Business Number (ABN)

Business Street Address – Store/Branch:

Type of Business:

Name of Contact Person:

Telephone: ( \_\_\_ ) \_\_\_\_\_

Fax: ( \_\_\_ ) \_\_\_\_\_

Email Address:

Note that the employee's work rights status will be sent directly either to the fax number or email address given above. Please ensure that this number or email address is correct.

The completed form should be faxed to 1800 505 550.

If all details match with our records, the department will endeavour to fax the employee's work rights status within 5 working days.

Don't Backtrack to Faxback

Employers can confirm a visa holder's entitlement to work in Australia within seconds using the Visa Entitlement Verification Online (VEVO) system. VEVO is a free internet service available 24 hours a day, seven days a week. To find out more contact the Employer's Immigration Hotline on 1800 040 070 or visit the department's website at www.immi.gov.au/managing-australias-borders/compliance/info-employers/evo-orgs.htm

Important Notice: If you have received this fax by mistake, please advise the sender and delete the message immediately. This fax, may contain confidential, sensitive, legally privileged and/or copyright information. Any review, retransmission, dissemination or other use of this information by persons or entities other than the intended recipient is prohibited. DIAC respects your privacy and has obligations under the Privacy Act 1988. The official departmental privacy policy can be viewed on the department's website at www.immi.gov.au/functional/privacy.htm

