

# Forum 6 Cinemas Tamworth Staff Member Position Pre-employment Application Form

Page 1 of 2

Name		Today's Date:
Address		
Town/Suburb		
Phone No.		Mobile Ph No:
Date of Birth		Age Now:
Are you an Australian or New Zealand permanent resident or citizen?		YES / NO
Do you have a Current Drivers Licence?		YES / NO

Have you previously had work experience?	YES / NO
Are you currently employed?	YES / NO
Have you previously worked in the cinema industry?	YES / NO

If you have answered yes to any or all of the 3 above questions, please state employer name & address, position held, and how long you worked at each of the positions.	
---	--

Please list your hobbies, interests, club & or sport involvements

Describe your personality, (use this box only for answer)

Please list any professional memberships to which you belong

Please indicate your highest level of study

How did you hear about positions vacant in the cinema?

Have you ever had a criminal conviction, or had a criminal offence proved against you?

Turn to page 2

# Forum 6 Cinemas Tamworth Staff Member Position Pre-employment Application Form

Name		Today's Date:
------	--	---------------

**Do you have a disability?**  
Please indicate what type of disability you have and what support would be required to assist you to do your job?

REFEREES	NAME	POSITION/RELATION	COMPANY	PHONE No.
Number One				
Number Two				

**Please complete the chart below by writing “yes” or “no” in all the boxes for each of the days. Empty boxes will be assumed as not being available at that time.**

<b>AVAILABILITY</b>	DAYTIME	NIGHTS	SCHOOL HOLS DAYTIME	SCHOOL HOLS NIGHTS
	YES or NO	YES or NO	YES or NO	YES or NO
THURSDAY				
FRIDAY				
SATURDAY				
SUNDAY				
MONDAY				
TUESDAY				
WEDNESDAY				

Do you have the following Certificates:

RSA (NSW)    First Aid Certificate    Hygiene Certificate    Food Handlers Certificate

This employment form is for the use of Forum 6 Cinemas Tamworth use only and will not be given to a third party. If your application is not successful your application form and associated material will be destroyed after 12 months.

By signing the bottom of this form you agree that all information you have written is true and correct.

Please note that we do reference checks and police record checks.

Signed \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_