



EXPRESSION OF INTEREST – APPLICATION FORM

Expression of interest for position of: \_\_\_\_\_

Venues of interest: \_\_\_\_\_

**Contact Details**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

State \_\_\_\_\_ Postcode \_\_\_\_\_

Phone: Home \_\_\_\_\_ Mobile \_\_\_\_\_  
Work \_\_\_\_\_

**1. Please provide details of last 3 positions held**

1. Position: \_\_\_\_\_ Employer: \_\_\_\_\_  
Start date: \_\_\_\_\_ End date: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_
2. Position: \_\_\_\_\_ Employer: \_\_\_\_\_  
Start date: \_\_\_\_\_ End date: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_
3. Position: \_\_\_\_\_ Employer: \_\_\_\_\_  
Start date: \_\_\_\_\_ End date: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

**2. Education**

**Level of education attained:**

**Tertiary:**

Degree/Diploma \_\_\_\_\_ Year Completed: \_\_\_\_\_

**Secondary:**

Level attained \_\_\_\_\_ Year Completed: \_\_\_\_\_

**3. Additional Information**

- a. Have you been convicted by a court of any criminal offences? Note: You are not required to disclose an adult conviction more than 10 years old or a juvenile conviction more than 5 years old, provided you have not had a further conviction since and the maximum penalty for the original offence did not exceed 30 months.
- b.  Yes  No

If yes, what conviction(s) do you have? \_\_\_\_\_

**4. Ability to Perform the Job**

Do you have a health problem (including any illnesses, injuries or disease) or a disability which could affect your ability to perform any of the duties of this position, or adversely affect the health & safety of other employees or patrons?

Yes  No

If yes, please describe the health problem or disability

\_\_\_\_\_  
\_\_\_\_\_

[Eg; Employee will need to lift cartons of beer or perform cellar work]

In particular, have you ever suffered from back injuries or any other injuries which could affect your ability to do physically demanding work?

Yes  No

If yes, please describe your injury and whether it could be inflamed by doing physically demanding work \_\_\_\_\_

\_\_\_\_\_

Do you hold a current driver's licence?

Yes  No

Do you need special services or facilities to enable you to perform the job?

Yes  No

If yes, what facilities or services do you need? \_\_\_\_\_

\_\_\_\_\_

Do you know of any reason why, if appointed, you would be unable to attend regularly for work?

If so, please give details \_\_\_\_\_

\_\_\_\_\_

**5. Please nominate three referees (work related) that can be contacted:**

	Name:	Phone Number:	Relationship to you:
1.	_____	_____	_____

2.	_____	_____	_____
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3.	_____	_____	_____
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*By making this application of employment I acknowledge that Dixon Hospitality may check with any nominated previous employers regarding period of employment and performance. In addition, I consent for my details to be kept on file with Dixon Hospitality.*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Any additional information that you want us to consider in support of your application and which is relevant to it, please include with your application form. If you have a curriculum vitae and/or written references, please attach it/them to this form.

Please email completed EOI/Application form to: [recruitment@dixonhospitality.com.au](mailto:recruitment@dixonhospitality.com.au)