

THE CARRINGTON INN **TOM WILLS – Wintergarden** *Myees –* ELM PARK Rose Cottage

Staff and Cast Application

Thank You for taking the time to apply to join the Carrington Inn hospitality team. We look forward hearing from you soon!

We'll strive to process your application within 72 hours and get back to you with its status. In order to do that efficiently, we prefer for you to complete the application online, and transmit it according to the instructions at the end of the application. If you do not have online access to complete the form, you may complete and return a paper hardcopy version to us.

Complete as much of the application as you can. The better we are able to know your abilities, experience, and talents, the more satisfying and rewarding a fit we will be able to make for you, our guests, and co-workers.

When we have open positions, successful applicants will be those who demonstrate experience in providing exceptional guest service, are naturally personable, possess a strong work-ethic, are team spirited, and committed to giving our guests an exceptional sense of joy and satisfaction through their engagements with us.

For intern or training positions, where an applicant has not yet built up career work experience, successful applicants will be those whose school experience demonstrates above average achievement, strong attendance ethic, positive work-experience references, and a genuine commitment to work diligently to improve their skills to serve our guests, be alert and punctual, and contribute to the effectiveness of the team.

Roles or Positions You Are Applying For

What posit	ion(s) are you applying for? Enter o	ne or more job roles you want to	be considered for,	, in order of your qualifica	tions and interes
Position	1 st	1 st 2 nd			
Preference	ferences: 3 rd		4 th		
Start Date:		Can you	work shift work?	(tick one) YES 🗌 I	по 🗌
If there is n	o position available now, would you	I like to be considered in the fut	ure?	(tick one) YES 🗌 I	
		Your Contact Inform	nation		
Enter your	current contact details.			Casting & Uniform Mat	tch Info Optiona
Full Name:	surname	first	mid	date of birth	
Address:	number	street	unit	gender	
	town/city	state	post	height	cm
Phone:	mobile	home	country	weight	kg
Email:	address	website		waist	cm
Citizenship	:	Type of Visa Held: (if applicabl	e)		
Have you b	een convicted of any criminal offend	ces? (tick one) YES 🗌 NO	If yes, please	e explain.	
		Getting to Know	You		
		J. The second seco			
Getting to I	know you. If you would like us to kn	ow you better than an application	on might convey, le	t us know how to follow y	ou on social me
Social ID:	Facebook	twitter _			

Previous Employment - Start with Most Current Employment

In order to assess your application, we need to know about your prior service with other companies/businesses, and how well that worked for you, that company, and co-workers or customers/clients. We will accept 4 years of employment history, but prefer 6 years.

If your CV/résumé explains your responsibilities and reasons for leaving, just tick the box on that line below, otherwise please let us know.

If you require more space for your employment history, you will find additional pages at the end of the form. Please enter the most current employer first. If you are an intern or trainee without 4 years of employment history, please complete the **Intern/Trainee Supplement**.

Company Name:	Your Supervisor Name	e:	_
Your Job Title:			_
Dates Employed: Started Ended	Ending Salary/Wage:	per	_hr/wk/mo/yr
Company number street			
Address: town/city state	post	phone:	_
Your Responsibilities:		Tick if in CV/Resume]
Reason for leaving:		Tick if in CV/Resume]
Your Attendance: On average, how many Days per Month we	ere you absent from work?		_
May we contact this employer for a reference and verification	n? (tick one) YES 🗌	NO 🗌	
Company Name:	Your Supervisor Name	e:	_
Your Job Title:			_
Dates Employed: Started Ended	Ending Salary/Wage:	per	_hr/wk/mo/yr
Company number street			
Address: town/city state	post	phone:	_
Your Responsibilities:		Tick if in CV/Resume]
Reason for leaving:		Tick if in CV/Resume	_]
Your Attendance: On average, how many Days per Month we	ere you absent from work?		_
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Dates Employed: Started Ended	Ending Salary/Wage:	per	_hr/wk/mo/yr
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Reason for leaving:		Tick if in CV/Resume]
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May we contact this employer for a reference and verification	n? (tick one) YES 🗌		

The Carrington Inn is an equal opportunity employer.

The Carrington Inn Pty Ltd – 21 Malbon Street – Bungendore, NSW 2621 – Phone 02 6238 1044 – email enquiries@thecarringtoninn.com.au

Education & Training - Start with Highest Levels of Achievement

Education and training is important in delivering exceptional, satisfying, safe, and repeatable hospitality service. Each job role has different knowledge needs

We value formal education for Carrington Inn candidates and for some positions it is required, but we also recognise the important value that comes from good professional experience, on-the-job training, and the school of life.

In the section below, tell us about your education and training, as it is applicable to the position you are applying for. Please enter your highest level of achievement or award first.

(Tick One)		Name Location:	Major:	
University		Awarded:	Date:	
College		Awarded:	Date:	
TAFE		Other Remarks:		
Other Trainin	g 🗌 🛛			
High School		Referee: Phone	email:	_
		May we contact this institution for a reference and verifica	ation? (tick one) YES NO	
(Tick One)		Name Location:		
University		Awarded:	Date:	
College		Awarded:	Date:	
TAFE		Other Remarks:		_
Other Trainin	g 🗌			
High School		Referee: Phone	email:	
		May we contact this institution for a reference and verification	ation? (tick one) YES NO	
(Tick One)		Name Location:	Major	
University		Awarded:		
College		Awarded:		
		Other Remarks:		
Other Trainin	g	Referee: Phone		
High School				
		May we contact this institution for a reference and verification of the second		
-				
(Tick One)		Name Location:	Major:	
University		Awarded:	Date:	
College		Awarded:		
TAFE		Other Remarks:		
	 g	Other Remarks:		_
TAFE	g 🗌	Other Remarks:		_
TAFE Other Trainin	g 🗌		email:	_

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References - Let Us Talk to People Who Know Your Work

Please provide us with 2 to 3 professional references who can share what it was like to work with you.

Referee Name:	Phone:			
Work Company:				
Last Work Date:				
May we contact this referee for a reference and verification?		YES		
Referee Name:	Phone:			
Work Company:				
Last Work Date:		Referee email:		
May we contact this referee for a reference and verification?		YES		
Referee Name:	Phone:			
Work Company:				
Last Work Date:				
May we contact this referee for a reference and verification?		YES		
			_	
	ree-form Spac			
Appl	licant Declarat	ions		
 I declare that the information provided by me in this ap I have read the job specifications for the positions I am emotionally fit to take on and work competently under I declare that I am eligible to work in Australia. I accept that my job will involve handling food and beve pork, squid, and wild game. I understand that any false or misleading information gi dismissal. I understand that should I be offered a position on the O the terms and conditions of my employment will or Director; and there are company rules and policies contained in t from my supervisors that I will need to agree to an the job applied for is a Casual position unless it is stored. 	applying for and the demands por rage products in ven my me or b Carrington Inn h nly be set out in the staff and op d abide by;	d I declare than osed by the po- ncluding but n y my referees ospitality team a written lett erational han	ositions. ot limited to alcohol, gluten, dairy, regarding this application is cause for m: eer of offer signed by the Executive dbooks, notice boards, and directions	
Signature of Applicant:		Da	ate:	

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SUPPLIMENTAL: Previous Employment - Start with Most Current Employment

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Reason for leaving:		Tick if in CV/Resume]
Your Attendance: On average, how many Days per Month were	you absent from work?		_
May we contact this employer for a reference and verification?	(tick one) YES 🗌	NO	
Company Name:	_ Your Supervisor Name	e:	_
Your Job Title:			_
Dates Employed: Started Ended	Ending Salary/Wage:	per	_hr/wk/mo/yr
Company number street			
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Your Attendance: On average, how many Days per Month were	you absent from work?		_
May we contact this employer for a reference and verification?	(tick one) YES	NO 🗌	
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Your Job Title:			_
Dates Employed: Started Ended	Ending Salary/Wage:	per	_hr/wk/mo/yr
Company number street	·····		
Address: town/city state	post	phone:	_
Your Responsibilities:		Tick if in CV/Resume]
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