



# SURFING AUSTRALIA

## EMPLOYMENT APPLICATION

Position Applying For:

Details:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

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

Suburb: \_\_\_\_\_ Post Code: \_\_\_\_\_

Phone (H): \_\_\_\_\_ Phone (M) : \_\_\_\_\_

Email: \_\_\_\_\_

### Qualifications

(Please provide photocopies of all qualifications with this application)

Do you hold a Surfing Australia Coaching Accreditation? Yes / No |

If yes, provide your Level and ID number Level | ID# |

If you hold another accreditation please specify |

### Do you currently hold a Working With Children Check?

Yes / No |

Please tick which ocean award you currently hold:

- Bronze proficiency: Surf Lifesaving Association (SLSA)
- Surf Rescue Certificate: SLSA Community award
- Ocean Rescue Award: Royal Lifesaving Society (RLSS)
- OSSCA Award Professional Ocean Lifeguard Association (APOLA)
- Other

### Please tick if you currently hold any of the following accreditations:

- Senior First Aid
- Advanced Resuscitation
- Spinal Management
- Other

Please list any other qualifications that you feel would be relevant to this position?

### Previous Employment

(Please provide 2 examples of previous employment which would be relevant for this position)

Employer: \_\_\_\_\_

Position: \_\_\_\_\_ Start \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Roles & Responsibilities (provide in point form): |

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Employer: \_\_\_\_\_

Position: \_\_\_\_\_ Start \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Roles & Responsibilities (provide in point form): |

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

### References

(List 2 references from previous employers)

Company | Name | Position Held | Contact No. |

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### Declaration

All information provided in this form, my resume and cover letter, and information presented during the interview process is truthful to the best of my knowledge. I understand that falsification of any of this information or omission of any pertinent information may disqualify me from employment and/or will constitute grounds for dismissal.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

