



KALGOORLIE-BOULDER RACING CLUB APPLICATION FOR EMPLOYMENT

Please address applications to:

All details supplied on this form will be kept strictly confidential - details will not be divulged or used for purposes other than employment with KBRC

Kalgoorlie Boulder Racing Club
PO Box 141
KALGOORLIE WA 6433
Email: admin@kbrc.com.au

Telephone: (08) 9021 2303
Web: www.kbrc.com.au

- Full time
 Part Time
 Casual

Position(s) applying for: - write here if not listed below.

- Admin
 Bar
 Tote
 Grounds
 Barriers
 Cleaner
 Security (Gate or door)

First Name:.....

Surname:

Date of Birth:

Full Address:

.....

Telephone Numbers: Home: Mobile:.....

Emergency Contact Person:

Relationship to Applicant:

Emergency Contact Number:

Have you claimed Worker's Compensation Previously:

2025 Kalgoorlie Boulder Racing Season

Please tick when you are available to work.

March	Fri 21st	Race Day <input type="checkbox"/>	July	Sun 14 th	Race Day <input type="checkbox"/>
April	Sat 5 th	Race Day <input type="checkbox"/>	July	Sun 28 th	Race Day <input type="checkbox"/>
April	Fri 18 th	Race Day <input type="checkbox"/>			
April	Fri 25 th	Race Day <input type="checkbox"/>	August	TBC	Kambalda Cup <input type="checkbox"/>
May	Sun 3rd	Race Day <input type="checkbox"/>	August	TBC	Tattersalls Cup <input type="checkbox"/>
May	Sun 18th	Race Day <input type="checkbox"/>	September	TBC	Coolgardie Cup <input type="checkbox"/>
May	Sun 25 th	Race Day <input type="checkbox"/>	September	TBC	Boulder Cup <input type="checkbox"/>

October TBC	Hannan's Handicap <input type="checkbox"/>	October TBC	Race Day <input type="checkbox"/>
October TBC	Kalgoorlie Cup <input type="checkbox"/>	November TBC	Race Day <input type="checkbox"/>

EMPLOYEE HISTORY: (show most recent employer first) or attach your CV.

Employer	Period Worked		Responsibilities
	From	To	

REFEREES

Name:

Contact Number:

Name:

Contact Number:

BAR SKILLS & EXPERIENCE

Certificates: APPROVED MANAGER / RSA (Please circle and supply a copy)

TYPE OF SKILL	Extensive	Basic	None	Office Use
General Bar Service				
Tap Beer Pouring				
Wine Knowledge / Service				
Cash Handling / Cash Register				
Supervisor / Team Leader				

GROUNDS SKILLS & EXPERIENCE

TYPE OF SKILL	Extensive	Basic	None	Office Use
Barriers				
Steward Runner (Bookie returns / Horse sign off / on)				
Door Security				
Gate Security				
Jockey Attendant				
Mounting Yard Work (Operation of Gate opening & closing)				
Swab				
Horse Scanner				
Cleaner				

ADMIN /TOTE SKILLS & EXPERIENCE

TYPE OF SKILL	Extensive	Basic	None	Office Use
Office Work				
TOTE				
Have you completed TOTE training?	YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Ticket box/Cashier/Banker				
Do you have a Police Clearance	YES <input type="checkbox"/>	NO <input type="checkbox"/>		

DECLARATION

(a)	Are you a permanent resident of Australia? If yes go to question (d)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
(b)	Are you or have you been a citizen or permanent resident of a country other than Australia after the age of 16 yrs.	YES <input type="checkbox"/>	NO <input type="checkbox"/>
(c)	If yes, do you have a current Australian work visa? (Please supply a copy)	YES <input type="checkbox"/>	NO <input type="checkbox"/>
(d)	Have you ever been convicted of a criminal offence?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
(e)	Have you currently gotten a charge before the court?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
(f)	Are there any previous or current medical conditions or restrictions (physical or otherwise) which may affect your ability to perform the inherent duties of the position?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

Passport Number: **Country of Origin:**

IMPORTANT NOTICE

SECTION 79 OF THE WORKERS' COMPENSATION AND REHABILITATION ACT 1981 GIVES THE WORKERS' COMPENSATION BOARD DISCRETION TO REFUSE TO AWARD COMPENSATION WHICH WOULD OTHERWISE BE PAYABLE, WHERE IT IS PROVEN THAT THE WORKER HAS, AT THE TIME OF SEEKING OR ENTERING EMPLOYMENT, WILFULLY AND FALSELY REPRESENTED HIM/HERSELF AS NOT HAVING PREVIOUSLY SUFFERED FROM THE DISABILITY, THE SUBJECT OF THE CLAIM FOR COMPENSATION.

(PREVIOUS QUESTIONS MUST BE ANSWERED IN ORDER TO MAKE YOUR APPLICATION VALID)

Should you have concerns about answering any of the below questions please contact Kalgoorlie Boulder Racing Club on (08) 9021 2303.

1. **I certify** that to the best of my knowledge all the information given in this form is true and correct.
2. **I understand** that the Kalgoorlie Boulder Racing Club (herewith known as KBRC) reserves the right to terminate my employment forthwith should the statement prove incorrect in any material aspect.
3. **I consent** to any reference checks which may be necessary to support the application.
4. **I agree** to attend a job related medical at the request of KBRC during or as a prerequisite to my employment.
5. **I authorise** the Department of Immigration and Multicultural Affairs to advise KBRC of my citizenship, immigration status and of my consequent entitlement to work legally in Australia. I understand that this advice will only be based on information available to the department-on-department files and computer systems, or on documentation provided by myself. I also understand that KBRC may use this information for the purpose of assessing my entitlement to work in Australia and for no other purpose.

PRIVACY STATEMENT

KBRC collects personal information about you when you submit this application. KBRC will use that information to assess your application. KBRC may disclose your personal information to your employers (past, present or prospective), other racing bodies and marketing and other organizations. You do not have to supply the information requested in this application, but if the information (or any part of it) is not provided, your application may be rejected. In most cases, you can gain access to and request that corrections be made to personal information held by KBRC. By completing and submitting this application, you authorise KBRC to collect, use and disclose personal information about you for the purpose described in this notice.

Signature:

Date:

.....
Parent/Guardian (if under the age of 18 years