

APPLICATION TO JOIN THE LASERZONE TEAM

If you are a fun, professional, caring and team oriented individual who likes to be challenged and form part of a high performing team, then we want to talk to you. The Laserzone team is a tight, high performing group that strives to WOW our guests through customer service and an unique and exciting experience every time.

We have a detailed recruitment process that involves a written application, a group interview and a trial shift stage to ensure we attract and retain the best people.

Make sure you answer all questions carefully and truthfully. Providing deliberate false information will be grounds for immediate dismissal, if your application is successful.

Perso	nal Details:		
	Family Name: Mr/Mrs/Ms		
	Given Names:		
	Home telephone No Mobile No		
	Email address:		
	Current Address:		
	Postcode:		
	Date of Birth_\		
	of Identity: To comply with Government requirements we must sight original documents which prove u are entitled to work in Australia. The documents must be one of the following:		
A. B. C.	 An Australian birth or citizenship certificate or permanent residence certificate <u>plus</u> a current phi identification such as a driver's licence or school issued ID card, or 		
	You cannot commence work before we sight your proof of identity		
PLEAS	SE ANSWER THE FOLLOWING QUESTIONS		
What i	is it about Laserzone that had you apply for this position?		
What	is it that makes you a good match for Laserzone?		

Academic ad	chievements:					
High S	High School Completed Year		or, currently in year			
Colleg	ge (eg TAFE) or U	niversity:	Course Name:			
Qualif	ication Gained:	-				
Availability for work.						
When are you	u available to begi	n employment?				
☐ Now ☐ 2 wee ☐ 1 mor ☐ 1 - 2 r ☐ 3 or m	nth					
What times a	re you usually ava	ailable to work:				
Monday Tuesday Wednesday Thursday Friday Saturday Sunday Are there any Please note preferences requested by In addition to	Morning Mornin	Afternoon Afternoon Afternoon Afternoon Afternoon Afternoon Afternoon Afternoon the year, when you will attempt to roste sual employee who be dropped or suspective with the present the sual employee who be dropped or suspective who will be presented the sual employee who will be presented the sual employee who will be presented to such that the sual employee who will be presented to such t	Evening Evening Evening Evening Evening Evening Evening Evening Specifically can not work: r your hours to meet specific known personal is regularly unavailable for shifts reasonably nded from our casual employment list.			
In addition to your rostered hours would you be prepared to be called in on short notice to cope with urgent workloads Yes \square No \square						
Due to the nature of the work, please inform us of any learning difficulties you may have so that we can accommodate this as best as we can:						
Other qualifi	cations:					
Drivers Licen	ce?	Class:	Expiry Date:			
Do you own a car? If not, how will you make your way to Laserzone for your rostered shifts?						

Other relevant licenses/certificates, eg, blue card, first aid, etc (give details of classification, registered number and expiry date):				
Other work related training: Have you been given any training that may be relevant to work at Laserzone, eg, cash register operation, customer relations, security, safe work procedures, etc:				
Any other information: Tell us why you would like to work at Laserzone, or anything else you think might make you the best candidate to hire:				
Child Related Employment Because our game participants are primarily children, we are required by law to complete a				
"Working with Children Check" for every employee.				
If you are successful in gaining employment with us you will be required apply for a Queensland working with children Blue Card at your own expense.				
If the Commission advises us that you are unsuitable for work with children we will be unable to employ you, or if you have already commenced work, we will terminate your services immediately and you will have no entitlement to any period of notice or other benefit which might otherwise apply.				
Other Employment				
If you currently are employed anywhere else, give details:				
Company name:				
Describe your job:				
When did you start this job? Is it: Full time Part Time Casual				

Health and Fitness

Your work at Laserzone may involve physical activity in the games area where there is noise, a need to move quickly and to supervise the behaviour of young players. Also your work may involve responsibility for cash transactions and simple computer data entry. It is important that we are aware of any medical condition(s) or disability which may affect your work and particularly any condition which requires special consideration to be given to your working conditions.

Please provide details of any medical condition or pre-existing injury which may affect your ability to perform the work:

Your undertaking:

If employed by Laserzone:

- I agree that I must comply with all company values, rules and directives.
- I agree that I will not consume alcohol or consume/use any non prescription drugs in the 12 hours before I commence work.
- I understand that I will be working extensively with children and I agree that I will comply with all company rules regarding customers.
- I confirm that I have notified my employer of any indictable offences I have been charged or convicted of, which may be relevant to my ability to perform my role.
- I understand that I am expected to meet my work roster obligations and that if I will be unavailable for work, I shall give the Company as much notice as possible. In the event of illness or injury, I will notify the Company as early as possible and before the start of my shift, except in an emergency.
- I understand that the Company's workload varies due to customer demand and that casual employees can not be guaranteed a set number of hours each week.
- I will provide the Company with details of a bank account for the transfer of my pay into that account electronically.

Acknowledgement:

- I confirm that the above information is complete and correct and that any false or misleading information will give my employer the right to terminate my employment without notice.
- I agree that the employer reserves the right to require me to undergo a medical examination. I understand that should the employer require further information and wish to contact my doctor with a view to obtaining a medical report, the employer will inform me of their intention and obtain my permission prior to contacting my doctor. In addition, I agree that this information will be retained on my personnel file during employment and for up to six years thereafter.
- I agree that should I be successful in this application, I will, if required, apply for a
 National Police Check and/or Working with Children Check. I understand that should I
 fail to do so, or should the check not be to the satisfaction of my employer, any offer of
 employment may be withdrawn, or my employment terminated.

Applicant's Signature:	Print Name
Date:	
Witness: Signature	Print Name