[](http://www.glenworth.com.au/)

Glenworth Valley Horse Riding P/L ABN: 95 002 589 362 T/A Glenworth Valley Outdoor Adventures  
**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**OUTDOOR ADVENTURE EXPERIENCES | CAMPING & ACCOMMODATION | AGISTMENT | EVENTS**

69 Cooks Rd, Glenworth Valley NSW 2250 **p**: 02 4375 1222 **e**: [adventures@glenworth.com.au](mailto:adventures@glenworth.com.au) [www.glenworth.com.au](http://www.glenworth.com.au)

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APPLICATION FOR EMPLOYMENT

**BUSINESS AND HUMAN RESOURCE MANAGER**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name:** |  | | | | |
| **Address:** |  | | | | | |
| **Mobile:** |  | Home: |  | | | |
| **Email:** |  | | | D.O.B: | Click here to enter a date. | |

Have you been to Glenworth Valley before? Yes  No

Do you smoke? Yes  No

Have you smoked in the last 6 months? Yes  No

For general background purposes, please indicate the total number of times you have participated in the following activities in your life, if any?

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Abseiling | Click here to enter text. | Horse Riding | Click here to enter text. | Kayaking | Click here to enter text. | Quad Biking | Click here to enter text. | Camping | Click here to enter text. |

**Please provide a brief outline of your business and human resource management experience?**

|  |
| --- |
| *Enter text* |

**Out of 10, with 1 being least and 10 being most, how competent and experienced are you with:**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** |
| Managing a business on a day to day basis |  |  |  |  |  |  |  |  |  |  |
| HR performance reviews and plans |  |  |  |  |  |  |  |  |  |  |
| Developing annual business plans |  |  |  |  |  |  |  |  |  |  |
| Identifying and implementing business development opportunities |  |  |  |  |  |  |  |  |  |  |
| Financial management, budgeting and reporting |  |  |  |  |  |  |  |  |  |  |
| **Developing evaluated business proposals** |  |  |  |  |  |  |  |  |  |  |
| Team leadership skills |  |  |  |  |  |  |  |  |  |  |
| Project management experience |  |  |  |  |  |  |  |  |  |  |
| Writing compelling submissions such as for grants and awards |  |  |  |  |  |  |  |  |  |  |
| Knowledge of FWA and WHS legislation |  |  |  |  |  |  |  |  |  |  |
| Business systems management ie IT systems |  |  |  |  |  |  |  |  |  |  |
| Microsoft Office suite of programs |  |  |  |  |  |  |  |  |  |  |

**Please list all qualifications and training that you have undertaken (such as Educational and First Aid etc)?**

|  |
| --- |
| *Enter text* |

**Short listed candidates may be asked to participate in a volunteer trial day.**

**Are you prepared to undertake a trial day if you are short listed?** Yes  No

**Employment at GVOA is offered to employees on a six (6) month trial basis which may be extended**

**for a further period if required. Are you prepared to undertake a trial period of employment?** Yes  No

**Employees of GVOA are required by law to have a Working With Children (WWC) clearance.**

**Are you prepared to obtain your own WWC clearance?** Yes  No

**If you already have WWC clearance, please state the number and expiry**

|  |
| --- |
| *Enter text* |

**All applicants are required to include a copy of their proof of identity with their application such as drivers licence etc.**

**Have you attached a copy of your photo ID to this application?** Yes  No

**Do you have any injuries or disabilities that may affect your ability to carry out the  
duties stated in the job description?** Yes  No

**If yes, please describe**

|  |
| --- |
| *Enter text* |

**Please provide details of any workers compensation claims made (or pending) by you or on your behalf? Please be advised that extensive employment background checks are carried out during the final stages of the recruitment process for all short listed candidates, so please answer accurately.**

|  |
| --- |
| *Enter text* |

**Please outline any disputes or grievances you have pursued against any previous employers.**

|  |
| --- |
| *Enter text* |

**Please provide details of the last three positions you have held.**

**Position 1 (Most Recent)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Company** |  | | | |
| **Position held** |  | | | |
| **Employment dates** | **From** | Click here to enter a date. | **To** | Click here to enter a date. |
| **Name of supervisor** |  | | | |
| **Contact phone number** |  | | | |
| **Description of duties** |  | | | |
| **Reason for leaving** |  | | | |

**Position 2**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Company** |  | | | |
| **Position held** |  | | | |
| **Employment dates** | **From** | Click here to enter a date. | **To** | Click here to enter a date. |
| **Name of supervisor** |  | | | |
| **Contact phone number** |  | | | |
| **Description of duties** |  | | | |
| **Reason for leaving** |  | | | |

**Position 3**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Company** |  | | | |
| **Position held** |  | | | |
| **Employment dates** | **From** | Click here to enter a date. | **To** | Click here to enter a date. |
| **Name of supervisor** |  | | | |
| **Contact phone number** |  | | | |
| **Description of duties** |  | | | |
| **Reason for leaving** |  | | | |

**What aspects of this position appeal to you the most and why?**

|  |
| --- |
| *Enter text* |

**What do you believe are some of the main challenges faced in this position and how would you overcome these?**

|  |
| --- |
| *Enter text* |

**What do you regard as your best skills and past experiences that make you the best candidate for this position?**

|  |
| --- |
| *Enter text* |

**Please tell us about any notable KPI’s and targets that you have met in previous roles and what the steps were that you went through that lead to this result?**

|  |
| --- |
| *Enter text* |

**Please provide as much detail as possible about your goals and ambitions for the next three to five years?**

|  |
| --- |
| *Enter text* |

**Comments: Is there anything else that you would like to add or that you are curious about in relation to the role? Please include your resume.**

|  |
| --- |
| *Enter text* |

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

**Date:** Click here to enter a date.