



Glenworth Valley Services P/L ABN: 42 658 080 810 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: [employment@glenworth.com.au](mailto:employment@glenworth.com.au) [www.glenworth.com.au](http://www.glenworth.com.au)

## APPLICATION FOR EMPLOYMENT EVENTS FRONT OF HOUSE SUPERVISOR

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?

<a href="#">Click here to enter text.</a>	Abseiling	<a href="#">Click here to enter text.</a>	Horse Riding	<a href="#">Click here to enter text.</a>	Kayaking	<a href="#">Click here to enter text.</a>	Quad Biking
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Please indicate which option below suits you best ie how many hours you would prefer to work each week? (tick more than one box if appropriate)

☐ Permanent, part time - (24 hours) per week ☐ Permanent, full time position averaging 40 hours per week,

Please provide a brief outline of your experience as a Front of House Supervisor

Please provide a brief outline of your experience supervising events and functions

Please provide a brief outline of your customer service 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
Overseeing and managing a team of employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ability to plan and manage functions & events	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Managing workloads / rosters	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food Handling practices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General Bar Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Barista Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wait Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Operating POS systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Customer Service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training and educating of team members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Health & Safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please list all qualifications and training that you have undertaken (such as Educational and events)?

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

All applicants are required to include a copy of their proof of identity 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

Please provide details of any workers compensation claims made (or pending) by you or on your behalf, including any disputes or grievances you have pursued against and previous employers.

Please provide details of the last three positions you have held. These will be contacted during reference checks.

**Position 1 (Most Recent)**

Company				
Position held				
Employment dates	From		To	
Name of supervisor				
Contact phone number				
Description of duties				
Reason for leaving				

**Position 2**

Company				
Position held				
Employment dates	From		To	
Name of supervisor				
Contact phone number				
Description of duties				
Reason for leaving				

**Position 3**

Company				
Position held				
Employment dates	From		To	
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 provide as much detail as possible about your goals and ambitions for the next three to five years?**

*Enter text*

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

**Date:** \_\_\_\_\_