

## 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	<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"/>
HR performance reviews and plans	<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"/>
Developing annual business plans	<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"/>
Identifying and implementing business development opportunities	<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"/>
Financial management, budgeting and reporting	<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"/>
Developing evaluated business proposals	<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"/>
Team leadership 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"/>
Project management experience	<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"/>
Writing compelling submissions such as for grants and awards	<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"/>
Knowledge of FWA and WHS legislation	<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"/>
Business systems management ie IT 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"/>
Microsoft Office suite of programs	<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 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.