A close-up of a logo

Description automatically generated

Glenworth Valley Services P/L ABN: 42 658 080 810 T/A Glenworth Valley Wilderness 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

**FIXED TERM VENUE AND EVENTS COORDINATOR**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **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 experience in the Venue / Events, Hospitality or Wedding industries.**

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

**Please provide a brief outline of your Venue and Events Coordination 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** |
| Providing excellent quality customer service |  |  |  |  |  |  |  |  |  |  |
| Conducting venue site inspections with clients |  |  |  |  |  |  |  |  |  |  |
| Providing event and venue hire quotes |  |  |  |  |  |  |  |  |  |  |
| Run sheet and Schedule development |  |  |  |  |  |  |  |  |  |  |
| Venue and event management |  |  |  |  |  |  |  |  |  |  |
| Function & event planning |  |  |  |  |  |  |  |  |  |  |
| Prioritising and multitasking across multiple events |  |  |  |  |  |  |  |  |  |  |
| Accuracy and attention to detail |  |  |  |  |  |  |  |  |  |  |
| Being the sole person responsible for coordinating and delivering various event types |  |  |  |  |  |  |  |  |  |  |
| Microsoft Office suite of programs |  |  |  |  |  |  |  |  |  |  |

**Apart from the regular hours of employment that apply to this role are you generally available to do occasional Sunday or after hours work when we have large or important event groups attending the business (Please feel free to provide additional info below)?** Yes  No

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

**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 GVWA 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 GVWA 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* |

**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.