

Glenworth Valley Services Pty Ltd 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)

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

APPLICATION FOR EMPLOYMENT

**RECEPTION ADVENTURE CONSULTANT**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name:** |  | | | | |
| **Address:** |  | | | | | |
| **Mobile:** |  | Home: |  | | | |
| **Email:** |  | | | D.O.B: |  | |

Have you been to Glenworth Valley before? Yes  No

Do you smoke? Yes  No

Have you smoked in the last 6 months? Yes  No

**Please indicate what your preferred working hours would be.**

Permanent Part Time 4 days, 32 hours per week Permanent Full Time 5 days, 40 hours per week Either

**Please indicate what days you would generally be available per week? Preference will be given to those with weekend availability.**

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

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

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Choose an item. | Abseiling | Choose an item. | Horse Riding | Choose an item. | Kayaking | Choose an item. | Quad Biking |

**Please indicate what experience you have had, if any, in the Outdoor Adventure, Hospitality, Retail or Tourism industries.**

|  |
| --- |
|  |

**Please provide a brief outline of your sales / customer service experience**

|  |
| --- |
|  |

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

|  |
| --- |
|  |

**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** |
| Word |  |  |  |  |  |  |  |  |  |  |
| Excel |  |  |  |  |  |  |  |  |  |  |
| Powerpoint |  |  |  |  |  |  |  |  |  |  |
| Outlook |  |  |  |  |  |  |  |  |  |  |
| Telephone sales experience |  |  |  |  |  |  |  |  |  |  |
| Upselling ability |  |  |  |  |  |  |  |  |  |  |
| Superior customer service |  |  |  |  |  |  |  |  |  |  |
| Answering high volumes of phone enquiries |  |  |  |  |  |  |  |  |  |  |
| Using online booking / reservation system |  |  |  |  |  |  |  |  |  |  |
| Accuracy, attention to detail and spelling |  |  |  |  |  |  |  |  |  |  |
| Stocktaking and Ordering |  |  |  |  |  |  |  |  |  |  |

**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**

**This position requires you to have a current RSA certificate.**

**If you don’t already do so, are you prepared to obtain your own RSA clearance?** Yes  No

**If you already have your RSA clearance, please state the number or include a copy in this application.**

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

|  |
| --- |
|  |

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

|  |
| --- |
|  |

**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.**

|  |
| --- |
|  |

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

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