



Personal Details			
Family Name			
Given Name			
Address			
Phone Number			
Date available to commence work			
Availablity			
Tivaliability			
Monday		Friday	
Tuesday		Saturday	
Wednesday		Sunday	
Thursday			
Employment Re	cord		
Employer	Position	Contact Number	Dates From - To
Hospitality Relat	ted Education		
RSA			
RCG Other			
Other			
Olliei			
Declaration			
1 Lauthorise Sydney	Rowing Club to secure any in	formation regarding myself and herek	ov such information
2. I declare that all inf	ormation supplied in this app	lication is true and that any false or m	nisleading information
may be grounds fo	r immediate dismissal.		
-		_	
Signed:		Date:	