

MARLIN COAST SWIMMING & FITNESS

Employment Application Form

Please complete all sections and return to the address provided in your application instructions.

1. Personal Details

Full Name: Email:

Phone: Suburb / Town:

Position Applied For: *(you may tick more than one)*

Lifeguard Swim Teacher Other:

Preferred Facility/Facilities: *(you may select more than one)*

Atherton Babinda Dimbulah
 Gordonvale Innisfail Kuranda
 Mareeba Smithfield Tobruk (Cairns)

Available to Commence:

Do you have any planned holiday or leave scheduled in the next 12 months? Yes No

If yes, please provide dates:

2. Employment Type & Availability

Employment Type Sought: Full-Time Part-Time Casual

Day	Available	Preferred Hours (e.g. 6am – 3pm)
Monday	<input type="checkbox"/>	<input type="text"/>
Tuesday	<input type="checkbox"/>	<input type="text"/>
Wednesday	<input type="checkbox"/>	<input type="text"/>
Thursday	<input type="checkbox"/>	<input type="text"/>
Friday	<input type="checkbox"/>	<input type="text"/>
Saturday	<input type="checkbox"/>	<input type="text"/>
Sunday	<input type="checkbox"/>	<input type="text"/>

Willing to work Public Holidays? Yes No

3. Qualifications & Credentials

Relevant Qualifications / Certifications:

Credentials held:

First Aid CPR Pool Lifeguard Licence
 Swim Teacher Licence Blue Card (Working with Children)

Blue Card No: Expiry:

4. Employment History

List your three most recent positions, starting with the most recent.

Employer	Job Title	From	To	Reason for Leaving

5. About You

Why are you applying for this role?

What relevant skills or experience do you bring to Marlin Coast Swimming & Fitness?

6. Professional References

Please provide two professional references. Referees should not be family members.

Reference 1

Name: Relationship:

Phone: Email:

Reference 2

Name: Relationship:

Phone: Email:

7. Health Disclosure

Under the Workers' Compensation and Rehabilitation Act 2003, you must disclose any pre-existing conditions that might affect your ability to perform the role.

Employees who knowingly supply false or misleading information will not be entitled to compensation or damages under the Workers' Compensation and Rehabilitation Act 2003 (the Act), for any event that aggravates the non-disclosed pre-existing injury or condition. Please note you may be requested to apply to the Workers' Compensation Regulator for a copy of your worker's claims history summary.

Roles at Marlin Coast Swimming & Fitness may involve the following physical requirements:

- Long periods of standing
- Hot and humid environments
- Repetitive movements
- Heavy lifting
- Bending / twisting / squatting / stooping / reaching / grasping / stretching / pushing / pulling

Do you have any past or current medical condition which may affect your performance in the role applied for, or which may be aggravated or worsened by the duties of the role?

Yes No

Considering the tasks of this role, will you require any adjustments to be made to perform the duties of the role?

Yes No

If yes to either question above, please provide details:

Potential Area of Concern	Yes	No
Back, Neck, or Shoulder Injuries	<input type="checkbox"/>	<input type="checkbox"/>
Allergies or sensitivity to Chlorine/Chemicals	<input type="checkbox"/>	<input type="checkbox"/>
Skin conditions (e.g. eczema, psoriasis) — relevant to pool chemicals / wet environments	<input type="checkbox"/>	<input type="checkbox"/>
Respiratory conditions (e.g. asthma, hay fever) — relevant to chlorine exposure	<input type="checkbox"/>	<input type="checkbox"/>
Cardiovascular conditions	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy or seizure disorders	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes or conditions affecting blood sugar levels	<input type="checkbox"/>	<input type="checkbox"/>
Hearing or vision impairments	<input type="checkbox"/>	<input type="checkbox"/>
Mental health conditions that may affect work performance	<input type="checkbox"/>	<input type="checkbox"/>
Conditions affected by prolonged standing or repetitive movement	<input type="checkbox"/>	<input type="checkbox"/>

Are you currently taking any medication that may affect your ability to perform your duties?

(You are not required to name specific medications)

Yes No

Are you aware of any impending medical procedures that may affect your availability?

Yes No

8. Declaration

I declare that the information provided in this application is true and correct to the best of my knowledge. I understand that any false or misleading information may result in the termination of my application or employment.

Please type your full name below as your digital signature. A physical signature is not required.

Digital Signature (Full Name):

Date: