

# EMPLOYMENT APPLICATION

The information contained within this application will remain private and confidential. Applicants who require support or access provisions, are encouraged to advise this at the time of their application, to ensure appropriate assistance is provided throughout the recruitment process.

## PERSONAL DETAILS

NAME		CONTACT NUMBER	
ADDRESS			
EMAIL		D.O.B	/ /
ALTERNATE CONTACT NUMBER		GENDER	

WORKING WITH CHILDREN CARD/NUMBER		EXPIRY DATE	
DRIVERS LICENCE		What form of transport would you use to come to and from work?	
Motor Vehicle <input type="checkbox"/> Bicycle <input type="checkbox"/> Walk <input type="checkbox"/> Public Transport <input type="checkbox"/> other:			
COPIES ATTACHED	<input type="checkbox"/> WWCC <input type="checkbox"/> COVID-19 Vaccination/medical contraindication certificate evidence		
	<input type="checkbox"/> Drivers Licence		

POSITION(S) APPLIED FOR	
HOW DID YOU LEARN ABOUT THE POSITION?	
DATE AVAILABLE FROM	

## EDUCATION

HIGH SCHOOL	[NAME & LOCATION]
UNIVERSITY / TAFE / RTO	NAME & LOCATION]
QUALIFICATIONS	(PLEASE ENCLOSE COPIES OF ALL CERTIFICATES AND TRANSCRIPTS)

(PLEASE ENCLOSE COPIES OF ALL CERTIFICATES AND TRANSCRIPTS)		
CERTIFICATE III	YES <input type="checkbox"/> NO <input type="checkbox"/>	Working Towards <input type="checkbox"/> (Provide details):

DIPLOMA LEVEL	YES <input type="checkbox"/> NO <input type="checkbox"/>	Working Towards <input type="checkbox"/> (Provide details):		
EARLY CHILDHOOD DEGREE	YES <input type="checkbox"/> NO <input type="checkbox"/>	Working Towards <input type="checkbox"/> (Provide details):		
DO YOU HAVE A CURRENT FIRST AID CERTIFICATE?		YES <input type="checkbox"/> NO <input type="checkbox"/>	EXPIRY DATE	/ / 20
CHILD PROTECTION COURSE	COURSE NUMBER		EXPIRY DATE	/ / 20
APPROVED ANAPHYLAXIS MANAGEMENT TRAINING	COURSE NUMBER		EXPIRY DATE	/ / 20
APPROVED EMERGENCY ASTHMA MANAGEMENT TRAINING	COURSE NUMBER		EXPIRY DATE	/ / 20

OTHER QUALIFICATIONS YOU HAVE ACQUIRED	

### PREVIOUS CHILDCARE SERVICE POSITIONS

Director     
 Nominated Supervisor     
 Educational Leader  
 Room Leader     
 Trainee Educator     
 other: \_\_\_\_\_

### PREVIOUS EMPLOYMENT

COMPANY		PHONE NUMBER	
ADDRESS			
NAME OF IMMEDIATE SUPERVISOR			
HOW LONG HAVE YOU BEEN WORKING / WORKED FOR THIS EMPLOYER?			
DESCRIBE YOUR DUTIES AND RESPONSIBILITIES			
<input type="checkbox"/> I am currently employed at this company – <i>and it is OK to contact this person</i>			
<input type="checkbox"/> I am currently employed at this company - <i>please do NOT contact this person</i>			
<input type="checkbox"/> I am no longer employed at this company	REASON FOR LEAVING		

## REFERENCES

NAME	CONTACT NUMBER	RELATIONSHIP

## GENERAL QUESTIONS

What are you looking for from this position? \_\_\_\_\_

\_\_\_\_\_

What are your short-term future goals? (1 – 3 years): \_\_\_\_\_

\_\_\_\_\_

What are your long-term future goals? (3 – 5 years): \_\_\_\_\_

\_\_\_\_\_

Other relevant information: \_\_\_\_\_

\_\_\_\_\_

## PROHIBITION NOTICE DECLARATION

*This section is designed to support approved providers to ensure they do not engage or employ a person who is prohibited from working in an education and care service, in line with Section 188 of the Education and Care Services National Law (ACECQA).*

*Under section 187 of the Education and Care Services National Law, a person who is subject to a prohibition notice is not allowed to work for or be engaged by an education and care service or carry out any other related activity.*

Are you currently subject to a prohibition notice under the Education and Care Services National Law?

YES  NO

Are you currently prohibited or restricted from working with children under any other law? YES  NO

I, \_\_\_\_\_ [insert full name of person signing the declaration] declare that:

1. The information provided on this form is true, complete and correct.

2. *The approved provider or a representative of the approved provider is authorised to verify any information provided in this form.*
3. *I am aware that under the Education and Care Services National Law penalties apply if false or misleading information is provided.*

I have read and understand this application. I have not withheld any information requested and the statements I have made are true and correct. I understand that any omission or misrepresentation of fact in this application may result in refusal of employment or that any subsequent discovery of omission or misrepresentation of fact may result in termination of employment.

		DATE	
NAME		SIGNATURE	

NAME OF WITNESS		WITNESS SIGNATURE	
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APPLICATION CAN BE LODGED IN THE FOLLOWING MANNER:

EMAIL	<a href="mailto:alicia@kindykorner.com">alicia@kindykorner.com</a>	POST	P.O Box 3155 Balgownie NSW 2519
IN PERSON	At service locations		