

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: _____

Alternate number: _____ Email: _____

Date of Birth: ____ / ____ / ____ Gender: _____

Working with Children Card/Number: _____ Expiry date: _____

WWCC copy attached COVID-19 Vaccination/medical contraindication certificate evidence attached

Drivers Licence: _____ copy attached

What form of transport would you use to come to and from work?

Motor Vehicle Bicycle Walk Public Transport other: _____

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)

Do you have a current First Aid certificate? YES NO Expiry Date: ____ / ____ / 20 ____

Child Protection Course certificate YES NO Expiry Date: ____ / ____ / 20 ____

Certificate III: YES NO Working Towards (Provide details): _____

Diploma Level: YES NO Working Towards / (Provide details): _____

Early Childhood Degree: YES / NO / Working Towards / (Provide details): _____

Approved anaphylaxis management training: Course number: _____ Expiry date: _____

Approved emergency asthma management training: Course number: _____ Expiry date: _____

Other qualifications you have acquired:

PREVIOUS CHILDCARE SERVICE POSITIONS

- Director Nominated Supervisor Educational Leader
- Room Leader Trainee Educator other: _____

PREVIOUS EMPLOYMENT

Company: _____ Address: _____

Phone number: _____ Name of immediate supervisor: _____

Reason for leaving: _____

How long have you been working / worked for this employer? _____

Describe your duties and responsibilities: _____

- I am no longer employed at this company
- I am currently employed at this company and it is OK to contact this person
- I am currently employed at this company - please do NOT contact this person

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: _____

Witness signature: _____ Name of Witness: _____

Application can be lodged in the following manner:

Email: alicia@kindykorner.com

Post: P.O Box 3155 Balgownie NSW 2519

In person: At any Kindy Korner Children Services site