



EMPLOYMENT APPLICATION

The Information contained within this application will remain private and confidential

Personal Details

Name: _____ Contact Number: _____

Address: _____

Email: _____

Date of Birth: ____/____/____

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: _____

The centre is open from 8:00am – 4:30pm Monday to Friday – complete what times are you available to work each day

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	ALL DAYS
					ALL HOURS

Immunisations

Have you been immunised for influenza? Yes / No

Date immunised: _____

Have you been immunised for whooping cough? Yes / No

Date immunised: _____

Please provide a copy of your Medicare statement showing immunisations.

Name _____

Education

High School [Name & location] _____

University / TAFE / RTO [Name & location] _____

Qualifications (Please enclose copies of all certificates)

Certificate 111 – Children’s Services Course Number _____

YES / NO Working Towards / details: _____ copy attached willing to study

Diploma Level – Children’s Services Course Number _____

YES / NO Working Towards / details: _____ copy attached willing to study

Early Childhood Teacher Course Number _____

YES / NO Working Towards / details: _____ copy attached willing to study

Child Protection Course Certificate Course Number _____

YES / NO Expiry Date: ____ / ____ / 20 ____ copy attached

Working with Children Check Working with Children Number: _____

YES / NO Expiry Date: ____ / ____ / 20 ____ copy attached

National Police Check Number: _____

YES / NO Expiry Date: ____ / ____ / 20 ____ copy attached

Approved First Aid Certificate Course Number _____

YES / NO Expiry Date: ____ / ____ / 20 ____ copy attached

Annual CPR training

YES / NO Expiry Date: ____ / ____ / 20 ____ copy attached

Approved Anaphylaxis Management Training

YES / NO Expiry Date: ____ / ____ / 20 ____ copy attached

Approved Emergency Asthma Management Training

YES / NO Expiry Date: ____ / ____ / 20 ____ copy attached



Name _____

Other qualifications you have acquired:

Previous Childcare Service Positions

- Director
 Nominated Supervisor
 Educational Leader
 Room Leader
 Educator
 Other: _____

How long have you worked in the child care industry? _____

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:



Name _____

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): _____

Three words that you believe best describe you:

1. _____

2. _____

3. _____

Three words that you believe customers / parents would best describe you as:

1. _____

2. _____

3. _____

Other relevant information:

I have read and understand this application. I have not withheld any information requested and the statements I have made are true & 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 from employment.

Date: ___ / ___ / _____ Name: _____

Initial: _____

Application can be lodged in the following manner:

Email: admin@explorersbrokenhill.com.au