



## 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



Other qualifications you have acquired:

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### 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: \_\_\_\_\_

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- ☐ 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@explorers-el.com.au](mailto:admin@explorers-el.com.au)