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			
COPIES ATTACHED	☐ WWCC	☐ 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 ☐ NO ☐	Working Towards ☐ (Provide details):
DIPLOMA LEVEL	YES ☐ NO ☐	Working Towards ☐ (Provide details):
EARLY CHILDHOOD DEGREE	YES ☐ NO ☐	Working Towards ☐ (Provide details):

DO YOU HAVE A CURRENT FIRST AID CERTIFICATE?		YES ☐ NO ☐	EXPIRY DATE	/ / 20
APPROVED CARDIO-PULMONARY RESUSCITATION/ EMERGENCY LIFE SUPPORT TRAINING	COURSE NUMBER		EXPIRY DATE	/ / 20
APPROVED ANAPHYLAXIS MANAGEMENT TRAINING	COURSE NUMBER		EXPIRY DATE	/ / 20
APPROVED EMERGENCY ASTHMA MANAGEMENT TRAINING	COURSE NUMBER		EXPIRY DATE	/ / 20
CHILD PROTECTION COURSE	COURSE NUMBER		EXPIRY DATE	/ / 20

OTHER QUALIFICATIONS YOU HAVE ACQUIRED	

PREVIOUS CHILDCARE SERVICE POSITIONS

☐ Director	☐ Nominated Supervisor	☐ Assistant Director	☐ Educational Leader
☐ Team 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			
☐ 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*			
☐ 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:

FIT AND PROPER DECLARATION (only applicable for staff administering CCS)

Educators and employees must declare they are fit and proper and have the capacity to comply with responsibilities and obligations as outlined within the Family Assistance Law. It is a requirement of Family Assistance Law that educators and employees remain fit and proper during their employment or engagement with our service including matters relating to fraud, dishonesty and financial management.

Do you have any serious convicts or finding of guilt for offences punishable by a maximum of 2 years imprisonment or relating to violence, sexual offence, fraud, stealing, dishonesty?	☐ YES ☐ NO
Do you have any instances of bankruptcy, insolvency or external administration?	☐ YES ☐ NO
Have you been a Director or Secretary of a corporation where the corporation went into administration, receivership or liquidation?	☐ YES ☐ NO
Do you have any conflict of interest or financial interest in our service?	☐ YES ☐ NO
Please advise of any other information which may affect your fit and proper status in relation the Family Assistance Law:	

The Approved Provider is to be notified as soon as possible of any matter or event which reasonably indicates an educator or employee is not likely to be a fit and proper person to be involved in the administration of Child Care Subsidy.

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	

		DATE	
NAME OF WITNESS		WITNESS SIGNATURE	

APPLICATION CAN BE LODGED IN THE FOLLOWING MANNER:

EMAIL	hr@aboutchildcare.net.au	POST	HR Manager 3 Oakover Turn, Greenfields WA 6210
IN PERSON	3 Oakover Turn, Greenfields WA 6210		