



Employment Application

Applicant Information					
Full Name:				Date of birth:	
Address:					
Suburb:			State:	Postcode:	
Phone: ()	E-mail Address:				
Mobile Phone:	Tax file number:				
Commencement Date:					
Position Applied for:	AWARD LEVEL ON COMMENCEMENT:				
Are you an Australian citizen?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in Australia?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you have any illness, injury or disability (physical or mental) which may affect your ability to carry out the responsibilities of the position?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Please specify:		
What early childhood qualifications do you hold? Proof is required					
Do you hold a current first aid certificate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when will it expire?		

Casual work				
Are you applying for casual work?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, which days are you available?	
So we can provide you with travel directions to the centre, what mode of transport will you be using?				

Bank Details				
Bank:			Address:	
BSB number:		Account number:	Account name:	

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Superannuation Details					
Fund Name:			Membership number::		
Do you require additional super deductions from your wages?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Please specify:	
How much:		Starting:		Finishing:	
How much:		Starting:		Finishing:	

Notification to stop additional payment must be given in writing to the Office Administrator prior to the pay period in which you wish the deductions to cease.

NEXT OF KIN NAME: _____

NEXT OF KIN PHONE NUMBER: _____

Next of kin relationship to you: _____

Applicant Declaration

I certify that the information contained in the Application Form is accurate.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my termination.

Signature: _____ Date: _____

Instructions

Please ensure that you send the following documents:

- *Nought to Five Early Childhood Centre Application Form*
- *Tax File Number Declaration*
- A current resume
- Details of 2 referees
- Your Working With Children number
- Certified copies of any qualifications, including First Aid Certificate, that are a requirement of the position
- Information on how you address the selection criteria for the relevant position

If you require further information about this application, please contact us on 02 9887 1974. If you are wanting to return your application in person, please call the centre to ensure there are office staff on the premises to take your application.

All applications should be forwarded to:

**The Director
Nought to Five Early Childhood Centre
16 Waterloo Road
North Ryde, NSW 2113**

E-mail: childcare@noughttofive.com.au

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