



Application For Employment

To be completed personally by the Applicant

Note: The completion of this form does not indicate any obligation on the part of the Company to engage the applicant. The information requested herein is required by the Company to assist in considering your suitability for employment with the Company.

Prospective Employer: _____

Position Applied for: _____

Date of Application: _____

Given Names: _____ Family Name: _____

Contact Address: _____

Home Phone: _____ Mobile Phone: _____

Email: _____ Date of Birth: _____

Do you consent to the Company retaining the information contained in this application form for the purposes of considering your suitability for any other position which may arise with this Company in the future?

Yes / No

Qualification	Year Completed	Training Provider	Location

What transport arrangement do you have to attend your place of employment?

Languages:

Can you hold an everyday conversation in any language other than English?

Yes / No

Please provide details: _____

Employment History:

Please ensure the employment / occupation history is continuous and complete.

Start Date	Finish Date	Employer	Location	Position Held	Reason for Leaving

Referees:

Please provide names and contact details of at least two relevant referees.

Name	Position	Address	Contact Number

I _____ consent to the Company seeking verbal or written information on a confidential basis about me from representatives of my previous employers, training providers and / or referees and authorize the information sought to be released by them to the Company for the purposes of ascertaining my suitability for the position for which I am applying. I understand the information received by the Company is supplied in confidence as evaluative material and will not be disclosed to me.

Signature: _____ Date _____

Have you ever been convicted of a criminal offence or do you know of any reason why the police might consider you a risk to children or as an employee? Yes / No

Have you ever been the subject of a Diversion ordered by the Courts? Yes / No

Are you awaiting the hearing of charge in a civil or criminal court of law? Yes / No

Do you have a current driver's license? Yes / No

If yes, what class? _____ License Number: _____

Do you have secondary employment Yes / No

If yes, please provide details: _____

Has any previous employer taken disciplinary action regarding you? Yes / No
If yes, please provide details: _____

Health:
Have you ever been treated or hospitalized for a mental illness or injury or condition that would have affected your ability to carry out fully the functions and responsibilities of the position applied for? Yes / No

Have you had any condition, problems, injury, illness, disability or condition that would have affected your ability in the past or may affect your ability to carry out fully the functions and responsibilities of the position applied for? Yes / No

Are you on any medication or under medical treatment or regularly ingest any substances that may affect your ability to carry out fully the functions and responsibilities of the position applied for? Yes / No

Have you ever suffered from a back injury? Yes / No

Have you ever suffered from an injury requiring you to have time off work? Yes / No

Have you ever claimed Accident Compensation? Yes / No

Are you suffering from any infectious disease or do you have any condition which is capable of being passed on to children? Yes / No

If you answered yes to any of the above Health questions, please provide full details:

Do you smoke? Yes / No

- Do you have any physical or other conditions that would make it difficult for you to:
- Hear a child cry from 6 metres away? Yes / No
 - Sit on the floor without support? Yes / No
 - Move very quickly? Yes / No
 - Be on your feet for several hours? Yes / No
 - See a child clearly from 6 metres away? Yes / No
 - Pick up a child? Yes / No
 - Pick up toys and equipment from the floor? Yes / No
 - Be outside for more than 2 hours at a time? Yes / No

I _____ (Full Name) declare that to the best of my knowledge the information provided in this application and in my resume is accurate and I understand that if any false or misleading information is given, or any material fact suppressed, I will not be employed, or if I am employed, my employment may be terminated. I also understand that any false information given in relation to my health or medical history or condition may result in my loss of entitlement for any ACC / Insurance and / or compensation.

Signed: _____ Date: _____