

3.4.1 APPLICATION FOR EMPLOYMENT

Dear Applicant,

Thank you for your enquiry regarding a position with Illawarra Area Child Care Ltd.

Please find enclosed

- Application for Employment Form
- Job Description

The Job Description will provide you with a good understanding about the role, responsibilities and physical requirements to perform the position.

When completing an application for employment, you should submit a covering letter outlining the Job Reference Number, a certified copy of your qualifications and other requested certificates, skills and experience in relation to the essential criteria for the position advertised, along with a copy of your resume.

Your Resume should include a brief summary of your work history, contact details, academic training and education, courses attended i.e., in-service, two recent work-related referees, and other relevant information.

Your application should be marked 'Confidential' and forwarded to:

CEO
Illawarra Area Child Care Ltd
Unit 2, 210 Shellharbour Road
WARRAWONG, NSW 2502

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Confidential

Position Applied For:

- Director/Early Childhood Teacher
- Director/Early Childhood Educator
- Early Childhood Educator
- Early Childhood Trainee

- Cook (Long Day Care Centres)

Position No: _____

- Early Childhood Teacher
- Training and Development Officer

- Early Childhood Worker
- Administrative Assistant
- Other : _____

Title: _____ **Surname:** _____

Given Names: _____

Gender: Female Male

Address: _____

_____ **Post Code** _____

Telephone: **Home:** _____

Work: _____

Mobile: _____

Email: _____

Date of Birth: ____/____/____ **Drivers Licence No:** _____

Community Language _____

Are you an Australian citizen? Yes No

If no, do you have the legal right to work in Australia? Yes No

Are you?

Aboriginal **Torres Strait** or **South Sea Islander**

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(You will be asked to provide proof of your right to work)

Have you been convicted of a criminal offence in any way related to this position? Yes No

Have you any physical or health problem, including a physical condition, injury or psychiatric condition which may impinge your performance of the duties required in this position? Yes No
If yes, please give details _____

Have you sustained a work related injury and received Workers Compensation payments in the past 5 years? Yes No

If yes, please give details _____

School Education

Name of School _____

Highest level reached _____ Year Completed _____

Qualification obtained _____

Tertiary Education

Name of Institution _____

During Years _____

Qualification _____

Degree, Diploma or Certificate conferred _____

(Please attach a certified copy to your application)

Working With Children Check

Working With Children Check number (or application no.) _____

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Certificates

First Aid Yes expiry date ____ / ____ / ____ No

First Aid Provider/Code _____

First Aid Qualification _____
(Please attach a certified copy to application)

Please Note: It is a requirement of the IACC Teachers Collective Agreement 2012 and Children Services Award 2010 that Early Childhood Teachers, Early Childhood Educators and Advanced Early Childhood Workers hold a current First Aid Certificate.

Asthma Management Yes expiry date ____ / ____ / ____ No
Asthma Training Provider/Code
(Please attach a certified copy to your application)

Anaphylaxis Management Yes expiry date ____ / ____ / ____ No
Anaphylaxis Training Provider/Code
(Please attach a certified copy to your application)

Grant of Supervisor Certificate Yes date approved ____ / ____ / ____ No
(Please attach a certified copy to your application)

Other

Any other educational, professional or technical qualifications including membership of professional bodies, associations, trade unions, licences, registrations etc.

Employment History (Show present or most recent employer first)

Employer name _____ from _____ to _____

Position held _____

Main responsibilities _____

Reasons for leaving _____

Employer name _____ from _____ to _____

Position held _____

Main responsibilities _____

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IACC Policy & Procedures Manual
Section 3 – Staff

Reasons for leaving _____

Employer name _____ from _____ to _____

Position held _____

Main responsibilities _____

Reasons for leaving _____

Referees

Please provide details of 2 work related referees from previous employment who may be contact to provide information on your past and/or present employment.

Name _____

Position _____

Company _____

Contact Phone Number _____

Name _____

Position _____

Company _____

Contact Phone Number _____

I have no objection to any of my employers (other than my present employer) being requested to furnish a confidential report in regard to my services, the reason for the termination of my employment or any other relevant particulars, which will assist in determining my suitability for employment.

Signature _____ **Date** _____

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All persons applying for a position within an education and care service must hold a Working with Children Check number. I have no objection to the Working With Children Check being verified.

Signature _____ Date _____

Statements found to be false within the knowledge of the applicant will make him or her, if employed, liable for dismissal.

Illawarra Area Child Care Privacy Statement

I understand that under the Privacy Amendment (Private Sector) Act 2000, all personal and private information collected by the organisation cannot be disclosed to another party without my knowledge unless the organisation is obligated to do so by law.

Signature _____ Date _____

Please indicate how you found out about the position:

- IACC Website Illawarra Mercury South Coast Register/Shoalhaven News
 Child Care Jobs Website Other _____