



Early Learning Management Group

CENTRE NAME: _____**Applicant Details**

Date: _____

SURNAME: _____ GIVEN NAMES: _____ D.O.B. _____

ADDRESS: _____ PH: _____

AUSTRALIAN CITIZEN YES NO WORK PERMIT YES NO N/A

Position Details

Name of Position: _____

Level / Year Previously employed at: _____ Hours per Week: _____

Type of Contract: _____

(i.e. Full-time, Part-time, Casual, Temp, Limited Period, Maternity Leave Replacement).

Current Certificates held and copies enclosed (please circle)

Medical Certificate Yes No (Certification must be obtained within 14 days of commencing employment as per Government Regulations)

National Police Clearance Yes No Date of Issue: _____

First Aid Certificate Yes No Date of Expiry: _____

Working with Children Check Yes No # _____ (Current Assessment Notice#)

Qualifications Yes No

Specify Qualification: _____ Date Achieved: _____

Please complete showing your last 3 places of employment including current.

	Dates of Employment	Company Name	Address	Position	Reason for Leaving
1					
2					
3					

Please provide two Professional Referees relevant to above employment history:

Referee: _____ Company: _____ Phone: _____

Referee: _____ Company: _____ Phone: _____

Workers Compensation

Have you had a previous claim made? Yes No

If yes, provide Date, Injury, Rehabilitation etc: _____

CHECK LIST

Selection Criteria addressed Yes Copies of current certificates Yes

Resume enclosed Yes

Two Professional Referees Yes