

JOB APPLICATION FORM

PROGRAM SUPPORT STAFF (Child Care and Education Centres & School Age Care)

Position Applied for

NOTE: Applicants may, but are not required to, attach a separate statement addressing the selection criteria for this position.

Return completed form by either:

Post to: PO Box 1066, Tuggeranong, ACT, 2601
or Fax: (02) 6293 6555
or email: admin@commsatwork.org

1. Applicant Details

Name

Street

Suburb State Postcode

Telephone(home) (mobile)

Email

Postal Address

.....

.....

Driver's Licence No:

Date of Birth

Place of Birth

Are you an existing employee or a volunteer with Communities@Work Yes / No

Have you previously applied to Communities@Work for employment Yes / No

2. Citizenship

If you are not an Australian citizen or permanent resident, please provide the following information

Passport Number (if applicable)
(if applicable please include a photocopy)

Details of your Visa/and or work permit
(if applicable please include a photocopy of your visa/work permit)

3. Education and Qualifications Details

Date of Attendance (most recent first)	Institution attended	Qualification (s) achieved

Do you hold a current first aid certificate? Yes/No

If yes Expiry date

Do you hold a Food Handler Certificate? Yes / No

Do you have a Non-English speaking background? Yes/No

Do you speak, read or write in another language other than English? Yes / No

If Yes, which language/s

.....

Are you an Aboriginal or Torres Straight Islander? Yes/No

4. Previous Employment history

(please list details of your last three positions)

Date of Employment	Name of employer	Position Title

If successful, how much notice do you need to provide to your current employer?

5. Referees

List at least two referees whom we can contact regarding your suitability for the position. (We recommend you contact your referees before submitting their details)

Name of Referee	Relationship to Applicant	Contact telephone number

6. Criminal History

This section requires you to declare whether or not you have been convicted of a criminal offence. Please note that if you are selected for this position you will be required to undergo a Police Records check.

Have you ever been convicted of a criminal offence? Yes / No

Are you the subject of any criminal charges pending before a court? Yes/No

If Yes please give details.....
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.....
.....

7. Medical Information

It is important we do not place you in a situation where health issues you may have will result in avoidable risk to yourself and others.

You should advise us (by providing details below) if you have any disability, infectious disease, medical condition or illness, or are taking any medication or have a current Workers Compensation Claim which may in any way impair your performance of the duties of the position (see duty statement). If you are not sure whether your condition is relevant, you should declare it.

Yes / No (If Yes, please give details)

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.....

To manage any risks that may arise, it may be necessary for us to seek further assessment from a medical practitioner. We will advise you if this is required.

8. Program Support Staff

Please indicate availability to work in child care services provided by Communities@Work

✓	I am available to work in the following areas:
	Child Care and Education Centres (for children aged birth to school entry) 11 centres operating between the hours of 7:30 am to 6:00 pm
	School Age Care - during school terms (for children enrolled in Primary school): <ul style="list-style-type: none"> • 8 sites offering before school care 7:30 am to 9:00 am • 14 sites offering after school care 2:30 pm to 6:00 pm
	Vacation Care (School Holidays) 8:00 am to 6:00 pm (Children enrolled in Primary school)

I am available to work (please notes times and dates you are available)

Monday

Tuesday

Wednesday

Thursday

Friday

Additional Information

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9. Recruitment Information

Please attach information to support your application, such as:

- Your curriculum vitae, or
- Copy of Qualifications, transcripts
- Copy of first aid, food handler
- Copy of driver's licence

Please ensure that you have attached a statement addressing the selection criteria, if required for this position (see page 1)

Thank you for applying for this position. You will be contacted by telephone if you are selected for an interview.

I certify that the above information is true and correct

Applicant's Signature: Date

Office use only:

Position: _____ **Date Interviewed:** _____

INTERVIEW CHECKLIST: Confirm that the Applicant was informed of the following:

Position Full-time or Part-time		Health (see section 7)	
Hours of Work		Australian Citizenship (see section 2)	
Pay Rate		Qualifications - copy	
General Conditions (Certified Agreement/Award)		Maternity Leave	
Salary Packaging		Christmas Closedown	
Probation		C@W Clothing	
Police Check / Driver's Licence - copy		IPS Worldwide	
Comments/Issues Raised:			

ASSESSMENT PANEL

Name		Signature	
Name		Signature	
Name		Signature	
Name		Signature	

Selection Criteria Comments (see duty statement / selection criteria)

- Criteria 1
-
- Criteria 2
-
- Criteria 3
-
- Criteria 4
-
- Criteria 5
-
- Criteria 6
-

REFERENCE CHECK

(1) Referee Name: _____ Tel: _____

Company/Organisation: _____

Position: _____ Date contacted: _____

Relationship to Applicant: _____

How long have you known the applicant? _____

Referee comments:.....
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.....
.....

(2) Referee Name: _____ Tel: _____

Company/Organisation: _____

Position: _____ Date contacted: _____

Relationship to Applicant: _____

How long have you known the applicant? _____

Referee comments:.....
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.....

Applicant Suitable for advertised position?: Yes No

Applicant suitable for other position? Yes No

If Yes, which position _____

Applicant Notified of outcome:

By Whom		Phone	
Date		Letter	