



JOB APPLICATION FORM

Legal Name:

Name you'd like to be known by:

D.O.B:

<input type="text"/>	<input type="text"/>
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Address:

<input type="text"/>
<input type="text"/>

Phone Number:

Highest level of education completed:

Qualifications (including first aid cert, child protection cert and other):

<input type="text"/>
<input type="text"/>

Working with children clearance number:

Previous experience working with children:

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

Interests/hobbies:

<input type="text"/>
<input type="text"/>
<input type="text"/>



What do you enjoy most about working with children?

What types of activities do you enjoy doing with children?

Are you interested in casual or permanent employment?

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How many hours per week would you like to work ideally?

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Which days are you available for work?

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Are you available to work in before school care from 6:30 – 9:00am?

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Are you available to work in after school care from 3:00 – 6:30pm?

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Are you available to work in the school holidays between 7:00am and 6:30pm?

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Do you have any medical conditions which may impact your ability to do your job?

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Is there any other information you would like to let us know about?

Signature:

Date:

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