



Westgate Childcare & Childrens Early Learning Centre
Employment Application

Applicants Name _____

Address _____

Suburb _____ PC _____

Contact Details Phone _____ M _____

Email _____

Date Of Birth _____ Drivers Licence No _____

Education History

Secondary Level Attained Year _____

Tertiary Qualifications _____

Childcare Qualifications _____

Referees

1. Name _____ 2. Name _____

Contact No _____ Contact No _____

Do you have a criminal record Yes _____ No _____

If yes please provide details _____

If successful in being offered a position can you supply a current Victorian Police

Check Yes _____ No _____ (no more than six months old)

Are you seeking fulltime _____ or Casual Employment _____ (please tick)

Our hours of operation are Monday to Friday 6.30 am – 6.30 pm

Please tick your availability to work

Monday	am shift	<input type="checkbox"/>	pm shift	<input type="checkbox"/>	any shift	<input type="checkbox"/>
Tuesday	am shift	<input type="checkbox"/>	pm shift	<input type="checkbox"/>	any shift	<input type="checkbox"/>
Wednesday	am shift	<input type="checkbox"/>	pm shift	<input type="checkbox"/>	any shift	<input type="checkbox"/>
Thursday	am shift	<input type="checkbox"/>	pm shift	<input type="checkbox"/>	any shift	<input type="checkbox"/>
Friday	am shift	<input type="checkbox"/>	pm shift	<input type="checkbox"/>	any shift	<input type="checkbox"/>

Banking Details

Bank _____ BSB _____ Account No _____

I the undersigned have read the Employees Code Of Conduct and if successful in obtaining a position with Westgate Childcare and Childrens E.L.C. agree to abide by all of the rules and conditions contained in the Employees Code Of Conduct.

Signed _____ Date _____