



CALL US ON  
1300 TOTS'R'US

### Employment Application Form

First Name:	
Surname:	
Date of Birth:	
Address:	
Contact Phone Number:	
Contact Email Address:	
<p>Please indicate your positions of Interest.</p> <p>Multi-position applications are welcome :</p>	<input type="checkbox"/> Licensing & Accreditation Co-ordinator <input type="checkbox"/> Centre Director / Manager <input type="checkbox"/> Group Leader <input type="checkbox"/> Assistant (Qualified) <input type="checkbox"/> Bus Driver <input type="checkbox"/> Office Administration <input type="checkbox"/> Account Person <input type="checkbox"/> Childcare Trainee <input type="checkbox"/> Special Needs Teacher <input type="checkbox"/> Kitchen Person <input type="checkbox"/> Preschool Teacher <input type="checkbox"/> Kindergarten Teacher <input type="checkbox"/> Music / Dance Teacher <input type="checkbox"/> Arts / Craft Teacher <input type="checkbox"/> I.T. / Computer Teacher <input type="checkbox"/> Nursery / Baby Specialists <input type="checkbox"/> Centre Cleaner <input type="checkbox"/> School Based Trainee <input type="checkbox"/> Specialist School Age Carer <input type="checkbox"/> General Volunteer
Please list Current Qualifications Held:	
Please List Previous & Current Employment Status:	
Do You Have a Current Blue Card:	Yes / No
Do You Have a Current First Aid Certificate:	Yes / No
Signed:	Date:

Completed Forms can be returned the following ways:  
 Scan and Email Completed Form to: [info@childsworld.com.au](mailto:info@childsworld.com.au)  
 or Fax To: 07 4034 2777  
 or Mail To: Childs World C/- PO Box 519, Manunda Qld 4870