

APPLICATION FOR EMPLOYMENT

Creativity Inc is an Equal Opportunities Employer and treats all applications confidentially. If you are unsure of any details pertaining to your application please do not hesitate to contact us.

Job Reference No:	<input type="checkbox"/> Expression of interest
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PERSONAL DETAILS

Last name:	First name:
Address:	
Suburb:	Post code:
Phone number:	Mobile:
Email:	
<input type="checkbox"/> I am a permanent resident	or Visa type:
<input type="checkbox"/> I do not have any work restrictions	or Work restrictions:
<input type="checkbox"/> I have a current NSW Driver's Licence Type: <input type="checkbox"/> Manual or	Expiry date: <input type="checkbox"/> Automatic
<input type="checkbox"/> I have my own vehicle	<input type="checkbox"/> I have comprehensive car insurance
<input type="checkbox"/> I hold a first aid certificate	Expiry date:
<input type="checkbox"/> I am willing to obtain a first aid certificate	
<input type="checkbox"/> Do you hold a Working With Children Check? Yes <input type="checkbox"/> No <input type="checkbox"/>	
If yes please write the number of your Working With Children Check _____	

REFEREES

Please provide the contact details for two work-related references that we can call.

Name:	Name:
Business/position:	Business/position:
Phone:	Phone:
How I know them:	How I know them:

AVAILABILITY

If you are available on a weekly basis, please indicate the days, times and frequency you are available to work.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Times available							
Frequency							

Most holiday programs operate from 8:30am until 4:00pm. Please indicate the days you can work during the NSW school holidays.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Times available							
Frequency							

REASONS FOR APPLYING

Experiences/skills/studies (qualifications and previous employment)

Motivations (What made you apply for this job? What are you looking for in a job? Why is this position right for you?)

Personal care (are you able / willing to provide personal care?)

DECLARATION OF HEALTH

It is important that Creativity Inc is aware of any medical problems or conditions which may affect your ability to perform certain duties, to assure that the work we offer is appropriate to you and for your safety and the safety of those you work with.

If you answer ‘Yes’ to any of these questions, it does not necessarily prevent you from working with Creativity Inc. Our objective is to find work which will suit your requirements.

1. Are you taking or have you been prescribed any medication which may impair your judgement, slow your reactions, cause drowsiness or have any other effect? Please provide details.

2. Are you taking or have you been prescribed any medication which prevents you from driving or handling machinery? Please provide details.

3. Do you have any infections or allergies which may affect the health of another person who you may be working with? Please provide details.

4. Do you have any illness or disability that might limit your ability to assist a person with a disability? E.g. back problems, heart condition, skin complaints. Please provide details.

5. Do you suffer from any recurring or long-term psychiatric, emotional or nervous disorder? Please provide details.

6. Do you have any other medical or health problems which may limit your ability to assist a person with a disability? Please provide details.

7. Is there any other information that you think may be relevant?

I declare that the above information is a true and correct record of my state of health.

Name: _____ Date: _____

Signature: _____

ALL PERSONAL AND MEDICAL INFORMATION WILL BE KEPT CONFIDENTIAL

PROOF OF IDENTITY

If you are invited to interview you will be required to provide documentation to establish 100 point identity, one of which must include photo identification.

CRIMINAL RECORD CHECK AND WORKING WITH CHILDREN CHECK

It is a requirement of Creativity Inc that applicants undertake both the Working with Children Check and the National Criminal History Record Check. It is our legal responsibility to advise you that prohibited persons under the Child Protection (Working with Children) Act 2012 are not permitted to apply for the position.

CHECKLIST

Before sending in your application have you done the following?

- Filled in all the details on the application form.
- Attached a current resume.

APPLICATION DECLARATION

I declare that the information provided by me to Creativity Inc is true and accurate. I understand that any information found to be false or misleading could lead to a dismissal if I am employed by Creativity Inc. I understand that my application and any employment with Creativity Inc. is subject to clearance of the Working with Children Check and the National Criminal History Record Check.

Name: _____ Signature: _____ Date: _____

If not specified on the job advertisement, please send your application to jobs@creativityinc.com.au or post to Human Resources Department, PO Box 128, Matraville, NSW, 2036.

Applicants are assessed against selection criteria and vacancies at the time. Creativity Inc does not guarantee employment as a result of completing the application form. Applications will be held for a period of three months only. As vacancies become available suitable applicants will be contacted for interviews and further screening.

Thank you for your interest in Creativity Inc.