



Employee Information

DETAILS

Name

Date of Birth:

Phone (H)

(M)

Email

Home Address:

Nationality:

Religion:

Do you celebrate Christmas?

YES NO

Do you celebrate Easter?

YES NO

Primary language spoken at home:

Other languages spoken:

NEXT OF KIN (1)

Name:

Address:

Phone (H)

(M)

(W)

Relationship to you:

NEXT OF KIN (1)

Name:

Address:

Phone (H)

(M)

(W)

Relationship to you:

MEDICAL INFORMATION

Do you have any medical conditions? YES NO

Please give details:

Are you currently on any medication or have any major allergies? YES NO

Please give details:

Have you lodged a Worker's Compensations claim in previous employment? YES NO

Please give details

VACCINATION

Please tick whether you have been immunised against the following and record the date (if known)

MMR (Measles, mumps and rubella) Date:

Td (Diphtheria, Tetanus) Date:

Hep B (Hepatitis B) Date:

Varicella (Chicken Pox) Date:

EDUCATION BACKGROUND

Certificates obtained:

Do you hold a current First Aid Certificate? YES NO Expiry date:

If no, are you willing to obtain one within the next 3 months? YES NO

Please list subjects of interest that you would like to attend further training:

PREVIOUS EMPLOYMENT

Reference (1)

Employer Name:

Phone:

Time with employer:

Reason for leaving:

Reference (2)

Employer Name:

Phone:

Time with employer:

Reason for leaving:

AVAILABILITY TO WORK

Please tick the sessions you are available to work and the areas of work

Before School Care

Monday

Tuesday

Wednesday

Thursday

Friday

After School Care

Monday

Tuesday

Wednesday

Thursday

Friday

Areas

Hills District
NSW Central Coast
Epping/Eastwood
West
Lower North Shore

PAYROLL INFORMATION

Tax File Number:

Do you have your own Superannuation Fund? YES NO

If you do not have your own Superannuation fund your super will be directed to Cubbyhouse Childcare's Superannuation fund ANZ SUPER

If yes please supply the following information.

Superannuation Fund of your choice:

Membership No#

SPIN No#

Fund phone no#

Your pay will be deposited directly into your bank account. Please complete the following details so that you can be paid correctly and promptly.

Account Name(ie Mr+Mrs Smith):

Bank Name (ie Sydney):

BSB Number (6 digits):

Account Number:

YOU MUST COMPLETE & RETURN AN EMPLOYMENT DECLARATION FORM

This is a requirement of the Tax Office. If a completed form is NOT returned to "Cubbyhouse Childcare" income tax will be deducted at the maximum marginal tax rate

<i>Office Use Only</i>		
<i>Start Date:</i>	<i>Award Step:</i>	<i>Hourly Rate: \$</i>