



# 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)

<input type="checkbox"/> <b>MMR</b> (Measles, mumps and rubella)	Date: _____
<input type="checkbox"/> <b>Td</b> (Diphtheria, Tetanus)	Date: _____
<input type="checkbox"/> <b>Hep B</b> (Hepatitis B)	Date: _____
<input type="checkbox"/> <b>Varicella</b> (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>