



# EMPLOYMENT APPLICATION

Waverley Gymnastics Centre, Inc.

7 Dorrington Drive (PO Box 971) ♦ Mt Waverley VIC 3149

Phone +613 9887 9611 ♦ Fax +613 9886 7724

www.wgc.org.au

## Three Character References Required for Employment

WGC is committed to promoting and protecting the interests and safety of children and has zero tolerance for child abuse. We require all applicants to undergo an extensive screening process prior to appointment.

To be considered for hire at *Waverley Gymnastics Centre* you are required to supply three character references attesting your character and sustainability for employment. Successful applicants aged 18 and over will be required to provide us with a copy of their Working with Children Check.

**Applicants must be legally entitled to work in Australia.**

### PLEASE SPECIFY THE POSITION YOU ARE APPLYING FOR AS PER THE ADVERTISEMENT

### PERSONAL DATA

First name	Surname	Middle	Working with Children check card number
Address	City/State	Postcode	Home phone no. Mobile no.
DOB ____/____/____	Personal email address:	Parents/guardian email address (if under 18):	
Have you ever been convicted of anything other than traffic violation? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, explain below:		Do you have a current drivers licence? <input type="checkbox"/> yes <input type="checkbox"/> no	
How did you hear about us? <input type="checkbox"/> Our website <input type="checkbox"/> Deakin Uni job shop website <input type="checkbox"/> Sportspeople website <input type="checkbox"/> Gumtree website <input type="checkbox"/> Now Hiring website <input type="checkbox"/> Creative Jobs Website <input type="checkbox"/> Flyer at school <input type="checkbox"/> Pedestrian TV website <input type="checkbox"/> Other (please specify):			
How many hours would you like per week? <input type="checkbox"/> 2-4 hours <input type="checkbox"/> 10-20 hours <input type="checkbox"/> 4-6 hours <input type="checkbox"/> 20 + hours <input type="checkbox"/> 6-10 hours <input type="checkbox"/> Full time		Date you are available to start work?	Type of first aid certificate: Level 1 <input type="checkbox"/> Level 2 <input type="checkbox"/> Anaphylaxis <input type="checkbox"/>

### AVAILABILITY

When are you available to work?

Hours Available	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

I can be flexible with my schedule  I cannot be flexible with my schedule

At *Waverley Gymnastics Centre*, teaching physical education skills to children or generally supervising children in a physical environment sometimes requires quick or unexpected movements including lifting or catching ('spotting') children aged from 2 years and upwards. Additionally, teaching positions also often require lifting and adjusting sports apparatus. It is a policy of the Club to endorse and practice the provisions of current legislation. In pursuing this, the employer shall provide and maintain so far as is practicable, for its employees and gymnasts, a working environment that is safe and without risks to health.

It is each staff's responsibility to notify the Human Resources Manager if they have any pre-existing injury or illness that may prevent them from fulfilling their duties. Failing to notify or hiding a pre-existing injury or illness which might be affected by the nature of the proposed employment, could result in that injury or illness being ineligible for future compensation claims.

Yes, I am able to perform the physical requirements of the position (s) for which I applied without jeopardizing my safety or the safety of Waverley Gymnastics Centre's students, clients, guests, coworkers or others.

**If you have a pre-existing injury or illness that may be affected by the work involved, please specify below:**

### EDUCATION HISTORY

Secondary or Tertiary education (please specify below what your current education status is):

### EMPLOYMENT HISTORY (only fill out if you have previous work experience)

<b>COMPANY NAME</b>	Address	Telephone no.
Name of immediate supervisor	<input type="checkbox"/> I am no longer employed at this company <input type="checkbox"/> I am currently employed at this company and it is <i>OK to contact this person</i> <input type="checkbox"/> I am currently employed at this company, please <i>do NOT contact this person</i>	
Start wage \$	End wage \$	Reason for leaving?
Start Date ____/____/____	End Date ____/____/____	
Job title or position	Describe your duties and responsibilities	

<b>COMPANY NAME</b>	Address	Telephone no.
Name of immediate supervisor	<input type="checkbox"/> I am no longer employed at this company <input type="checkbox"/> I am currently employed at this company and it is <i>OK to contact this person</i> <input type="checkbox"/> I am currently employed at this company, please <i>do NOT contact this person</i>	
Start wage \$	End wage \$	Reason for leaving?
Start Date ____/____/____	End Date ____/____/____	
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Start wage \$	End wage \$	Reason for leaving?
Start Date ____/____/____	End Date ____/____/____	
Job title or position	Describe your duties and responsibilities	

**OTHER QUALIFICATIONS AND / OR ACCOMPLISHMENTS (school, job, awards, certificates, volunteer work)**

**WAVERLEY GYMNASTICS CENTRE CHILD PROTECTION POLICY**

*Waverley Gymnastics Centre* is committed to the safety and well being of all children accessing our service. *Waverley* supports the rights of the child and will act without hesitation to ensure a child safe environment is maintained at all times. *Waverley* also supports the rights and well being of our staff and volunteers and encourage their active participation in building and maintaining a safe environment for all participants. *Waverley* is committed to ensuring all our members, gymnasts, staff and volunteers are kept safe at all times.

**PLEASE TELL US ABOUT YOURSELF**

Please detail why you would like to become part of the *Waverley Gymnastics Centre* Team, your main achievements to date and the strengths you would bring to this role. Specifically, please detail how your knowledge, skills and experiences meet the requirements of this role (as summarized in the position/job advertisement).

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## CHARACTER REFERENCES

Please note the names and contact details of three people from whom we may obtain both character and work experience references.

1. **Name (print):** \_\_\_\_\_

**Relationship to applicant:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Phone number (BH):** \_\_\_\_\_ **Mobile:** \_\_\_\_\_

2. **Name (print):** \_\_\_\_\_

**Relationship to applicant:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Phone number (BH):** \_\_\_\_\_ **Mobile:** \_\_\_\_\_

3. **Name (print):** \_\_\_\_\_

**Relationship to applicant:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Phone number (BH):** \_\_\_\_\_ **Mobile:** \_\_\_\_\_

## DECLARATION (please read this carefully before signing this application)

1. I confirm that the above information is complete and correct and that any untrue or misleading information will give my employer the right to terminate any employment contract offered.
2. I agree that the employer reserves the right to require me to undergo a medical examination. I understand that should the employer require further information and wish to contact my doctor with a view to obtaining a medical report, the employer will inform me of their intention and obtain my permission prior to contacting my doctor. In addition, I agree that this information will be retained on my personnel file during employment and for up to six years thereafter.
3. I agree that should I be successful in this application, I will, if required, apply for a National Police Check and/or Working with Children Check. I understand that should I fail to do so, or should the check not be to the satisfaction of my employer, any offer of employment may be withdrawn, or my employment terminated.

Signed: \_\_\_\_\_ Date \_\_\_\_\_