APPLICATION FOR EMPLOYMENT

Casual Teaching



DATE OF APPLICATION _ Personal Information **GIVEN NAME/S SURNAME ADDRESS SUBURB STATE POSTCODE** HOME PHONE **WORK PHONE MOBILE EMAIL ADDRESS** CONDITION OF HEALTH Excellent Good Fair WORKING WITH CHILDREN CHECK / APPLICATION NO. DATE OF BIRTH (DOB) HAVE YOU EVER BEEN ARRESTED OR CONVICTED OF ANY CRIMINAL ACT? IF YES, PLEASE GIVE DETAILS



B Professional Preparation

| DEGREE / DIPLOMA ETC. | NAME OF INSTITUTION | | YEARS OF TRAINING | YEARS CONFERRED |
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| WHAT GRADES / SUBJECTS ARE YOU C | QUALIFIED TO TEACH? | | | |
| DO YOU HAVE A TEACHING CERTIFICA | TE / TEACHING REGISTR | ATION? | | |
| TEACHING ACCREDITATION NUMBER | | STATUS | Pleas | e provide copy of document |
| DO YOU HAVE ANY OTHER QUALIFICA | TIONS? | | | |
| GIVE DETAILS OF YOUR TEACHING EXI | PERIENCE | Include da | ates, names of schools, year | s of work & subjects taught |
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| INDICATE YOUR TOTAL EXPERIENCE | |
|---|--------------------------------------|
| YEARS | MONTHS |
| LIST ANY POSITIONS OF SPECIAL RESPONS | SIBILITY YOU HAVE HELD, AND LENGTH C |
| LIST ANY AREAS OF SPECIAL TRAINING, EXI | DEDIENCE OD INTEDECT |
| | |
| PROVIDE DETAILS OF PROFESSIONAL ASSO | DCIATIONS OF WHICH YOU ARE A MEMBI |
| | |



| C | Christian Commitment | | | |
|------------|---|------|-----------------------|-----------|
| DO YOU C | ONSIDER YOURSELF TO BE A CHRISTIAN? | | | |
| WHAT CHI | JRCH DO YOU REGULARLY ATTEND? | | | |
| | nurch Details STOR / MINISTER NAME | | MOBILE | |
| EM | IAIL | | CHURCH PHONE | |
| AD | DRESS | | | |
| SU | BURB | STA | TE | POSTCODE |
| GIVE A BRI | IEF TESTIMONY DESCRIBING YOUR CONVERSION TO | CHRI | ST AND YOUR CHURCH IN | VOLVEMENT |
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D Referees

Referees will be contacted by the College to discuss your suitability for the position you have applied for.

| Character | | | | | |
|---|----------------------|---------|-----|----------|--|
| GIVEN NAME/S | | SURNAME | | | |
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| ADDRESS | | | | | |
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| SUBURB | | STATE | | POSTCODE | |
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| HOME PHONE | WORK PHO | ONE | MOB | ILE | |
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| OCCUPATION | | EMAIL | | | |
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| WHAT IS YOUR ASSOCIATIO | N WITH THIS REFEREE? | | | | |
| WHAT IS YOUR ASSOCIATIOI | N WITH THIS REFEREE? | | | | |
| WHAT IS YOUR ASSOCIATIOI | N WITH THIS REFEREE? | | | | |
| | N WITH THIS REFEREE? | | | | |
| WHAT IS YOUR ASSOCIATION Pastor / Minister GIVEN NAME/S | N WITH THIS REFEREE? | SURNAME | | | |
| Pastor / Minister | N WITH THIS REFEREE? | SURNAME | | | |
| Pastor / Minister GIVEN NAME/S | N WITH THIS REFEREE? | SURNAME | | | |
| Pastor / Minister | N WITH THIS REFEREE? | SURNAME | | | |
| Pastor / Minister GIVEN NAME/S | N WITH THIS REFEREE? | SURNAME | | | |
| Pastor / Minister GIVEN NAME/S | N WITH THIS REFEREE? | SURNAME | | POSTCODE | |
| Pastor / Minister GIVEN NAME/S ADDRESS | N WITH THIS REFEREE? | | | POSTCODE | |
| Pastor / Minister GIVEN NAME/S ADDRESS | WORK PHC | STATE | MOB | | |
| Pastor / Minister GIVEN NAME/S ADDRESS SUBURB | | STATE | | | |
| Pastor / Minister GIVEN NAME/S ADDRESS SUBURB HOME PHONE | | STATE | | | |
| Pastor / Minister GIVEN NAME/S ADDRESS SUBURB | | STATE | | | |
| Pastor / Minister GIVEN NAME/S ADDRESS SUBURB HOME PHONE | WORK PHO | STATE | | | |



| Professional | | CLIDNIAME | | |
|--|----------------------------|---------------------------------|--|---------|
| GIVEN NAME/S | | SURNAME | | |
| ADDRESS | | | | |
| NO DICESS | | | | |
| SUBURB | | STATE | POS | TCODE |
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| HOME PHONE | WORK PHONE | | MOBILE | |
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| OCCUPATION | | EMAIL | | |
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| WHAT IS YOUR ASSOCIATION | WITH THIS REFEREE? | | | |
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| rm that the above information llege. I understand that any mi ds for cancelling any agreemer | isleading statements or om | be supportive onissions made by | of the Christian ethos of me may be sufficien | of t |
| as for carreening any agreemen | is made. | | | |
| TURE | | DATE | | |

Note - Please provide with this application references, transcripts of academic attainment and teaching reports



| Е | Office | Use Only | | | | | | |
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| OUTCO | DUTCOME OF WWCC VERIFICATION: | | | | | | | |
| | | | | | | | | |
| DATEC | OF VERIFICATION | | | EXPIRY DATE | | | | |
| | Referee 1 - | Character | | | | | | |
| | CONTACTED | | DATE | | BY WHOM | | | |
| | Yes | No | | | | | | |
| | SUMMARY OF RE | FERRAL | | | | | | |
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| ı | Poforco 2 | Pastor / Minis | tor | | | | | |
| | CONTACTED | | DATE | | BY WHOM | | | |
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| | CLINANA A DV OF DE | TEDDAL | | | | | | |
| | SUMMARY OF RE | FERRAL | | | | | | |
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| | Referee 3 - | Professional | | | | | | |
| | CONTACTED | | DATE | | BY WHOM | | | |
| | Yes | No | | | | | | |
| | SUMMARY OF RE | FERRAL | | | | | | |
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