



For the Whole of Their Life

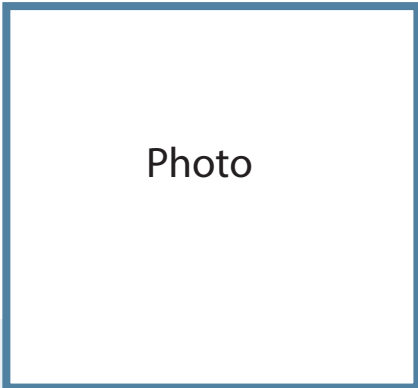
Application for Employment Teacher

Port Stephens Campus
182 Salamander Way
SALAMANDER BAY NSW 2317
Ph: 02 49195400
Fax: 02 49195499
Email: portstephens@spcc.nsw.edu.au
Web: www.spcc.nsw.edu.au

Position sought:

Date:

How did you become aware of this position?



A PERSONAL INFORMATION

Name:

Address:

Phone:

The following questions in this section are optional.

Age:

DOB:

Place of Birth:

Marital Status:

No. of Children:

Ages:

Condition of health: Excellent

Good

Fair

WWC No.

Chkd

Have you ever been arrested or convicted of any criminal act?

If yes, please give details:

B PROFESSIONAL PREPARATION

What degrees, diplomas or other professional qualifications do you hold?

DEGREE, DIPLOMA ETC...	NAME OF INSTITUTION	YEARS OF TRAINING	YEAR CONFERRED
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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What grades / subjects are you qualified to teach?

Teacher Accreditation number:

Status:

Teacher Accreditation due date:

Please attach NESAs Receipt.

B PROFESSIONAL PREPARATION

Do you have any other qualifications?

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Give details of your teaching experience. Include dates, names of schools, and years and subjects taught.

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Indicate your total experience:

YEARS

MONTHS

List any positions of special responsibility you have held, and length of time.

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List any areas of special training, experience or interest?

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Provide details of professional associations of which you are a member.

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C CHRISTIAN COMMITMENT

Do you consider yourself to be a true Christian?

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Which Church do you regularly attend?

.....

Ministers Name:

.....

Phone:

CHURCH

MOBILE

Address:

No / STREET

SUBURB

STATE

POSTCODE

Give a brief outline of your involvement in your Church and/or other Christian work:

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

CHARACTER

Name:

Address:

Phone:

Occupation:

What is your association with this referee?

PASTOR / MINISTER

Name:

Address:

Phone:

Occupation:

What is your association with this referee?

PROFESSIONAL

Name:

Address:

Phone:

Occupation:

What is your association with this referee?

I confirm that the above information is correct and that I would be supportive of the Christian Ethos of the College. I understand that any misleading statements or omissions made by me may be sufficient grounds for cancelling any agreements made.

Signature: Date:

NB: Please provide with this application references transcripts of academic attainment and teaching reports.