



## APPLICATION FOR EMPLOYMENT

(To be completed throughout in BLACK PEN and BLOCK CAPITALS)

POSITION APPLIED FOR: \_\_\_\_\_

### PERSONAL DETAILS

Surname: \_\_\_\_\_ Given Names: \_\_\_\_\_

Title: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_ Post Code: \_\_\_\_\_

Tel. No: (Home) \_\_\_\_\_ (Mobile) \_\_\_\_\_ (Work) \_\_\_\_\_

Email: \_\_\_\_\_

Next of Kin: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Contact No: \_\_\_\_\_

Will you undertake to develop and maintain an adequate understanding of Catholic teachings, to demonstrate Christian values, and to educate students in accordance with the Catholic educational philosophy?  Yes  No [teaching roles only]

Will you undertake to develop and maintain an adequate understanding of Catholic teachings, to demonstrate Christian values and to conduct yourself in accordance with the Catholic ethos in your interactions with students and other staff?  Yes  No [non-teaching roles only]

Are you currently employed:  Yes  No

If 'yes' state nature and place of employment: \_\_\_\_\_

\_\_\_\_\_

Please provide details of any pre-existing injuries or medical conditions that you have which could reasonably be expected to be aggravated by performing the duties of the position (as outlined in the Position Description) for which you are applying:

Date of injury/condition	Nature of injury/condition	Status of condition

Please note that:

- If you knowingly supply false or misleading information, you will not be entitled to compensation or be able to seek damages for any event that aggravates the pre-existing injury or medical condition.
- In respect of any decision about your application for employment, information about your health is only relevant to the extent that it may affect your ability to perform the genuine occupational requirements (or inherent requirements) of the position applied for.

Are you currently registered with the Queensland College of Teachers?  Yes  No [teaching roles only]

Are you the current holder of a Blue Card or exemption card?  Yes  No  
Number:.....

Have you ever been convicted in a Court of Law?  Yes  No

### RIGHT TO WORK IN AUSTRALIA

Are you legally entitled to work in Australia?  Yes  No

Are you an Australian citizen?  Yes  No

If you answered 'No', please attach evidence of your Visa status

Whether you answered 'Yes' or 'No', please provide a copy of your passport, or another form of photographic identification along with your Birth Certificate / evidence of citizenship.

### PROFESSIONAL ASSOCIATIONS

Qualifications and Membership of Professional Bodies (State the Abbreviation you are entitled to show on correspondence, e.g. B.Sc. M.A.C.E.): \_\_\_\_\_

TYPE OF POSITION APPLIED FOR  Full Time  Part Time  Casual Relief

### EMERGENCY CONTACT

Surname: \_\_\_\_\_ Given Names: \_\_\_\_\_ Contact No: \_\_\_\_\_

**SCHOOLS ATTENDED**

Primary	Secondary

**TERTIARY AND FURTHER EDUCATION**

Name of Institution	From	To	Qualification

**EMPLOYMENT HISTORY**


**OTHER INFORMATION** (Please list e.g. Significant In-service, Linguistic or other skills)


**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**FOR SCHOOL USE ONLY**

**ENGAGEMENT DETAILS**

**Reason for Appointment:** \_\_\_\_\_

Superannuation Fund: \_\_\_\_\_ Member No: \_\_\_\_\_

Pay Scale: Award \_\_\_\_\_ Level: \_\_\_\_\_

**Category of Position**

- Full-time Permanent
- Full-time Fixed Term
- Part-time Continuing
- Part-time Fixed Term
- Casual / Relief

If part-time position, number of hours per week: \_\_\_\_\_

Commencement Date: \_\_\_\_\_ Termination Date: \_\_\_\_\_

<b>Documentary Evidence</b> (Copies of all documents to be included)	<b>Originals Sighted</b>	<b>Documents Attached</b>
a) Qualifications listed on Page 2		
b) Statements of Service		
c) Birth Certificate (or extract)		
d)		
e) If name changed, Marriage Certificate or Decree Nisi		
f)		

**Signature:** (Principal): \_\_\_\_\_ **Date:** \_\_\_\_\_