



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: _____ Religion _____

Tel. No: (Home) _____ (Mobile) _____

(Work) _____ Email: _____

Next of Kin: _____ Relationship: _____

Address: _____ Contact No: _____

Do you identify as: Aboriginal Torres Strait Islander

Aboriginal & Torres Strait Islander

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 (outlined in the **attached** 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 Registration Number

Are you the current holder of a blue card or exemption card? Yes No

Card Number

Have you ever been convicted in a court of law for violent or sexual related offences?

Yes No

Have you ever been convicted in a court of law for any other offences?

Yes No

RIGHT TO WORK IN AUSTRALIA

Are you an Australian citizen? Yes No

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 CONTACTS

Surname: _____ Given Name: _____ Telephone: _____

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: _____

Documentary Evidence (Copies of all documents to be included)	Originals Sighted	Documents Attached
a) Qualifications listed on Page 3		
b) Statements of Service		
c) Birth Certificate (or extract)		
d) Marriage certificate, court order, change of name certificate		
e) Teacher Registration		
f) Accreditation to Teach documentation		

Signature: (Principal): _____ **Date:** _____