

# APPLICATION FOR EMPLOYMENT

Independent Schools NSW (Support and Operational Staff). Multi Enterprise Agreement 2011-2014.



Please complete this form and email it to the person specified in the advertisement, by the advertised closing date. This application should be supported by a letter addressing the criteria/position requirements with the relevant attachments.

<b>POSITION</b>	
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APPLICANT NUMBER
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HOW DID YOU FIND OUT ABOUT THIS OPPORTUNITY?

Word of Mouth  
  Print Ad  
  Online Ad  
  Social Media  
  Other \_\_\_\_\_

Office Use Only

## PERSONAL

TITLE	<input type="radio"/> MR <input type="radio"/> MRS <input type="radio"/> MS <input type="radio"/> DR <input type="radio"/> _____	DATE OF BIRTH	
SURNAME		PHONE (HOME)	
GIVEN NAME/S		PHONE (WORK)	
GENDER		MOBILE	
FORMER NAMES <i>If applicable</i>		EMAIL	
AUSTRALIAN RESIDENT	<input type="radio"/> YES <input type="radio"/> NO	RESIDENTIAL ADDRESS	
CITIZENSHIP		<i>City, State, Postcode</i>	
CURRENT CHURCH		POSTAL ADDRESS	
YEARS AT THIS CHURCH		<i>City, State, Postcode</i>	

### Emergency Contact

SURNAME		PHONE	
GIVEN NAME/S		RELATION	

## EDUCATION

### Secondary Education

SCHOOL		LOCATION	
<i>Awarded</i>		<i>Year of Award</i>	

### Tertiary Education

INSTITUTION		LOCATION	
<i>Awarded</i>		<i>Year of Award</i>	
INSTITUTION		LOCATION	
<i>Awarded</i>		<i>Year of Award</i>	
INSTITUTION		LOCATION	
<i>Awarded</i>		<i>Year of Award</i>	
INSTITUTION		LOCATION	
<i>Awarded</i>		<i>Year of Award</i>	

## TRAINING

Relevant Training (In general, within the last 3 years.)

INSTITUTION		LOCATION	
Awarded		Year of Award	
INSTITUTION		LOCATION	
Awarded		Year of Award	
INSTITUTION		LOCATION	
Awarded		Year of Award	
INSTITUTION		LOCATION	
Awarded		Year of Award	

## EMPLOYMENT

### Present Employment

EMPLOYER		CURRENT POSITION	
ADDRESS		Current Salary	
City, State, Postcode		Start Date	
MANAGER'S NAME		PREVIOUS POSITION with this employer	
Manager's Position		PREVIOUS POSITION with this employer	

### Past Employment (Start with the most recent)

Start Date	End Date	EMPLOYER	CITY / SURBURB	CAPACITY	YEARS
				<input type="radio"/> F/TIME <input type="radio"/> P/TIME <input type="radio"/> CASUAL	
				<input type="radio"/> F/TIME <input type="radio"/> P/TIME <input type="radio"/> CASUAL	
				<input type="radio"/> F/TIME <input type="radio"/> P/TIME <input type="radio"/> CASUAL	
				<input type="radio"/> F/TIME <input type="radio"/> P/TIME <input type="radio"/> CASUAL	

## DECLARATION

<b>Health</b>	Do you have any illness/injury/health problem that may render you unable to carry out the inherent requirements of the position?	<input type="radio"/> YES <input type="radio"/> NO				
<b>Worker's Compensation</b>	Do you have a Workers Compensation illness/injury that may render you unable to carry out the inherent requirements of the position?	<input type="radio"/> YES <input type="radio"/> NO				
<b>Attachments</b>	<p>Please attach verified true copies of the original by a Justice of the Peace or a Solicitor. The School will destroy the applications of unsuccessful candidates once the position has been filled.</p> <table border="0"> <tr> <td><input type="checkbox"/> <b>100-POINT PROOF OF IDENTITY</b> Passport, Birth Certificate and a Driver's License or Medicare Card.</td> <td><input type="checkbox"/> <b>PROOF OF AUSTRALIAN CITIZENSHIP OR AUSTRALIAN RESIDENCY</b> Birth Certificate, Passport or Visa.</td> </tr> <tr> <td><input type="checkbox"/> <b>DETAILS OF RELEVANT INJURY OR ILLNESS</b> Letter from your GP or Medical Specialist.</td> <td><input type="checkbox"/> <b>DETAILS OF RELEVANT WORKER'S COMPENSATION INJURY OR ILLNESS</b> Certificate of Fitness or Certificate of Capacity.</td> </tr> </table>		<input type="checkbox"/> <b>100-POINT PROOF OF IDENTITY</b> Passport, Birth Certificate and a Driver's License or Medicare Card.	<input type="checkbox"/> <b>PROOF OF AUSTRALIAN CITIZENSHIP OR AUSTRALIAN RESIDENCY</b> Birth Certificate, Passport or Visa.	<input type="checkbox"/> <b>DETAILS OF RELEVANT INJURY OR ILLNESS</b> Letter from your GP or Medical Specialist.	<input type="checkbox"/> <b>DETAILS OF RELEVANT WORKER'S COMPENSATION INJURY OR ILLNESS</b> Certificate of Fitness or Certificate of Capacity.
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<b>Working With Children</b>	Add your Working With Children Check (WWCC) Number or visit <a href="http://check.kids.nsw.gov.au">check.kids.nsw.gov.au</a> to apply.	<b>WWCC NUMBER</b>				
<b>APPLICANT'S SIGNATURE</b>		<b>DATE</b>				