



Employment Application Form

What position are you applying for?

CONTACT INFORMATION

Title

Surname

First name

Address

Telephone

Mobile

Email

QUALIFICATIONS AND REGISTRATION DETAILS

WACOT Registration
Number

Do you have a current
Working With Children check?

(Attach photocopy of registration / WWC card)

<i>Qualification</i>	<i>Institution</i>	<i>Year Awarded</i>	<i>Years of FT study</i>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>



PROFESSIONAL ASSOCIATIONS

List any professional associations of which you are a member

TEACHING EXPERIENCE

<i>Institution</i>	<i>Employment Dates</i>		<i>FT / PT</i>
	<i>From</i>	<i>To</i>	

Major Teaching Area(s)

Minor Teaching Area(s)

Total number of full-time equivalent years of teaching experience



Please tick the statement that best describes your CEO Accreditation status:

I have completed no Accreditation units

I have Accreditation to Teach in a Catholic School

I have completed some Accreditation units (see below)

I am Accredited to Teach Religious Education

I am Accredited to Work in a Catholic School

I have Accreditation for Leadership of the Religious Learning Area

(Please attach photocopies of Accreditation certifications)

List any CEO Accreditation units completed:
(Please attach photocopies)

List any other relevant transferable allowances such as Senior Teacher (Please attach letter from Principal indicating level and tenure)

Current Salary and Step (CEO Award)

Details of any extra-curricular skills and / or interests



Please provide any other information that you identify as being pertinent to this application (e.g. medical conditions, disabilities)

Please indicate if you have ever been in receipt of Workers' Compensation payments.

Yes - please provide details below

No

Details: _____

REFEREES (one current employer)

Name	<input type="text"/>	Name	<input type="text"/>
Position	<input type="text"/>	Position	<input type="text"/>
Work Phone	<input type="text"/>	Work Phone	<input type="text"/>
Mobile	<input type="text"/>	Mobile	<input type="text"/>
Email	<input type="text"/>	Email	<input type="text"/>
<hr/>			
Name	<input type="text"/>	Name	<input type="text"/>
Position	<input type="text"/>	Position	<input type="text"/>
Work Phone	<input type="text"/>	Work Phone	<input type="text"/>
Mobile	<input type="text"/>	Mobile	<input type="text"/>
Email	<input type="text"/>	Email	<input type="text"/>