

Application for Employment

Where particular information is included in an accompanying Resume, please simply note "See Resume" in the relevant space.

POSITION TITLE:		
SECTION A: PERSONAL DETAILS		
Surname:	Given Names:	Title:
Are you an Australian Citizen? YES / NO	If NO please provide details:	
Residential Address:		Postcode:
Address for correspondence:		
		Postcode:
Telephone: Home:	Work:	Mobile:
Email Address:		Fax:
Religious Affiliation:	Parish (C	of Worship):
SECTION B: EDUCATION		
SECONDARY EDUCATION		
Schools Attended	Years of Attendance	Certificate Awarded
TERTIARY EDUCATION (PLEASE ATTACH DOCU	JMENTARY EVIDENCE)	
Name/Location of Institution	Years of Attendance	Degree/Diploma/Certificate Conferred

Attach additional sheet if insufficient space

SECTION C: PROFESSIONAL DEVELOPMENT

CURRENT STUDIES BEING UNDERTAKEN:		
Name/Location of Institution	Years of Attendance	Course(s) Being Undertaken
RECENT AND RELEVANT PROFESSIONAL DE	EVEL OPMENT:	
Details	Years	
Details		Teals
SECTION D: EMPLOYMENT		
CURRENT POSITION:		
Name of employer:		
Name and Address of present place of	f employment:	
Current Position:		Date of appointment:
Description of Responsibilities:		

Attach additional sheet if insufficient space

PAST POSITIONS: (Please commence with the most recent position)

From	То	Name And Address Of Employment	Positions Held	Reason For Resignation/Termination

Attach additional sheet if insufficient space

SECTION E: TEACHING EXPERIENCE (For teaching positions)

Year(s)	School	Classes Taught Subject and Year Level

Attach additional sheet if insufficient space

SECTION F: OTHER EXPERIENCE YOU CONSIDER RELEVANT

From	То	Description

Attach additional sheet if insufficient space

SECTION G: REFEREES

Please provide the name, occupation, work address and contact phone numbers of three professional referees. These are to include your present employer (where relevant) who can comment on your professional performance.

Please note that confidential information will be obtained from these people.

Referee 1		Address:	
Phone Number:	(H)		
	(W)	Position:	
Referee 2			
Name:		Address:	
Phone Number:	(H)		
	(W)	Position:	
Referee 3			
Name:		Address:	
Phone Number:	(H)		
	(W)	Position:	
SECTION H: DECLAR	PATION		
SECTION H. DECLAR	ATION		
General State Of Health:			
I certify that the information contained on this form is accurate, and understand that if I have provided false or misleading information, it may result in a decision not to employ me or, if already employed, may lead to my dismissal			
Signature:		Date:	_
Please return comp	leted Application Form to:		
Mikhala Andersen Executive Assistant St Edmund's Colleg 110 Canberra Aven GRIFFITH ACT 260	e ue		

If there is insufficient space to provide details on any sections of this form, please attach additional information as necessary