

DALE CHRISTIAN SCHOOL

Application for Employment

- Complete this application in your own handwriting
- Armadale Congregational Church is an equal Opportunity Employer but requires all employees to meet Christian belief and lifestyle criteria

POSITION APPLIED	FOR:							
Personal Det	ails (ple	ase PRINT)						
Mr, Miss, Mrs, Ms, Dr (plea	ase circle) O	ther (please state	e):					
Surname:					First Name:			
Home Address:							Postcode:	
Postal Address:							Postcode:	
Marital status:				DOB:				
Contact information: H	ome:		Mobile:			Email:		
Residency Status:	A ustrali	an Citizen		☐ Permanent Re	sident			
If applicable:	assport Num	ıber:			Visa Number:			
Church Detai				Denomination:				
How long have you attended	ed your chur	ch?						
Address:							Postcode:	
Name of Pastor, Minister or Elder etc:								
Name of Pastor, Minister of	r Elder etc:							
							elephone:	
	Standing (if d	lifferent from abo	ve):					
Referee to your Christian S	Standing (if d	lifferent from abou	ve):	е		Te		
Referee to your Christian S Current Empl	Standing (if d	ifferent from abo	ve): if applicable	Position:		Te	elephone:	
Referee to your Christian S Current Empl Date commenced: Name of Employer:	Standing (if d	ifferent from abou	ve):	Position:		Te	elephone:	
Referee to your Christian S Current Empl Date commenced: Name of Employer:	Oymer	ifferent from abou	if applicable	Position:		Te	elephone:	
Referee to your Christian S Current Empl Date commenced: Name of Employer: Current Salary/Step Paid:	Oymer	nt Details	if applicable	Position:		Te	elephone:	
Referee to your Christian S Current Empl Date commenced: Name of Employer: Current Salary/Step Paid: Previous Employer	oymer	nt Details	if applicable	Position:		Te	elephone:	
Referee to your Christian S Current Empl Date commenced: Name of Employer: Current Salary/Step Paid: Previous Employer	oymer	nt Details	if applicable	Position:		Te	elephone:	
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Referee to your Christian S Current Empl Date commenced: Name of Employer: Current Salary/Step Paid: Previous Employer	oymer	nt Details	if applicable	Position:		Te	elephone:	

Professional Referees pleas	se provide two (please PRINT)						
		Daytime Contact Telep	Daytime Contact Telephone:				
Name:	Position Held:	Daytime Contact Telep	phone:				
		of Australia, please provide an assessment of yo ion Unit.	our qualification for the				
COMPLETED TERTIARY COURSES		INSTITUTION	DATE COURSE COMPLETED				
CURRENT TERTIARY COURSES		INSTITUTION	DUE DATE OF COMPLETION				
If you have more qualifications please attach to this	form 🗅						
Additional Information							
Do you hold a Senior First Aid Qualification?		Expiry Date: _					
Do you hold a current drivers licence? HEALTH	Yes 📮 No						
To the best of your knowledge and belief, are you of	f sound health?	☐ No if no, please provide details in the space provi	ded				
Applicants who have a health condition are invited to	o discuss its relevance or otherwise to th	eir prospects for employment with the interviewing officers					
Declaration							
I undertake to support and accept the Church's state	ement of faith, foundational statements o	f belief and the educational goals of Dale Christian School.					
I declare the above statements to be true in all respe	ects.						
I acknowledge that any statement that is found to be false of deliberately misleading will make me, if employed, liable for dismissal.							
Signature:		Date:					

Disclosure of Personal Information

Personal information collected and stored by the School is subject to the Privacy Act. A copy of the Privacy Policy can be obtained from the School.