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**EMPLOYMENT APPLICATION  
TEACHING STAFF**

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**Position applied for:** \_\_\_\_\_

**Full time / part time / casual:** \_\_\_\_\_

**PERSONAL DETAILS**

Surname: \_\_\_\_\_

Other name/s: \_\_\_\_\_

Title (Mr/Mrs/Miss/Ms/Dr): \_\_\_\_\_ Date of birth: \_\_\_\_\_

Former names (eg maiden name/alias): \_\_\_\_\_

Home address: \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Postal address (if different from home address): \_\_\_\_\_

\_\_\_\_\_ Postcode: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Mobile: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Aboriginal or Torres Strait Islander origin:  Aboriginal origin  
 Torres Strait Island origin  
 Not applicable

**RELIGION**

Not all staff members at St Patrick's College are Catholic. Every staff member is, however, expected to actively support the Catholic ethos of the school.

Religion: \_\_\_\_\_ Parish: \_\_\_\_\_

Do you have a reasonable knowledge of and support for the ethos of St Patrick's College which is a Catholic Good Samaritan school?

\_\_\_\_\_  
\_\_\_\_\_



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## TEACHING STAFF

### HEALTH

Do you have a medical condition/disability which may prevent you from performing the role for which you have applied at St Patrick's College?

Yes  No

If yes, please provide details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you had any previous Workers' Compensation claims?

Yes  No

If yes, please provide details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### CRIMINAL HISTORY CHECK

The *Commission for Children and Young People Act 1998* makes it an offence for a prohibited person (a person convicted of a serious sex offence, the murder of a child or a child-related personal violence offence, as well as a registrable person under the *Child Protection (Offenders Registration) Act 2000*) to apply for or otherwise attempt to obtain, undertake or remain in, child-related employment.

A national criminal record check, apprehended violence orders and prior employment checks, including relevant disciplinary proceedings, will be conducted on recommended applicants.

### DECLARATION

I hereby declare that I have:

- Convictions of sexual and/or drug offences  Yes  No
- Convictions of other criminal offences within the last ten years  Yes  No
- Child sexual assault charges dealt with under Section 556A of the NSW Crime Act 1990  Yes  No
- Child sexual assault charges under other Acts  Yes  No
- Charges that have not been heard carrying a penalty of 12 months or more imprisonment  Yes  No
- Been subject to disciplinary action in relation to sexual misconduct or harassment  Yes  No



**EDUCATION**

<b>Degree, Diploma or Certificate</b>	<b>Name and Location of Institute</b>	<b>Years of Attendance</b>

Current Award classification: \_\_\_\_\_

Do you hold a current First Aid Certificate?  Yes  No

Do you hold a current Driver's Licence?  Yes  No

**TEACHER ACCREDITATION**

Are you accredited with the NSW Institute of Teachers?  Yes  No

Do you require accreditation with the NSW Institute of Teachers?  Yes  No

If you require accreditation, please provide Statement of Eligibility from the NSW Institute of Teachers

Statement of Eligibility attached (if requiring accreditation)  Yes  No

NSW Institute of Teachers – Registration Number: \_\_\_\_\_

**TECHNOLOGY SKILLS**

Do you have experience working within a computer network?  Yes  No

Do you have experience working with email?  Yes  No

Do you have experience working with Microsoft Office applications?  Yes  No

Do you have access to a desktop computer and/or laptop?  Yes  No



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# TEACHING STAFF

## EMPLOYMENT

From	To	Name of Employer	Position Held

You may wish to comment on positions of special responsibility you have held or other relevant experience:

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## REFEREES

List the name and contact details of three referees – one of these must be a recent employer.  
**Current employers of the preferred candidate will be contacted for a reference check.**

Referee's Name	Place of Employment	Contact Details
		Work:..... Mobile: .....
		Work:..... Mobile: .....
		Work:..... Mobile: .....

I have advised the above referees of my application for this position  Yes  No

## DECLARATION

I certify that the information provided is complete and correct. I understand that deliberate inaccuracies or omissions may result in non acceptance of this application and/or termination of employment.

Signature:..... Date:.....

**Please return the completed Employment Application with a covering letter, copy of current resume and certified copies of academic transcripts to:**

**The Principal  
 St Patrick's College  
 4 St John's Road (PO Box 943)  
 CAMPBELLTOWN NSW 2560**

**phone 02 4629 2999  
 fax 02 4628 1604  
 email employment@saintpatricks.nsw.edu.au**