



EMPLOYMENT APPLICATION FORM for SUPPORT STAFF POSITIONS

The College respects the confidential nature of the personal information you are providing in this Application for Employment. Please read our Employment Collection Notice and the College's Privacy Policy found on the College website.

Position applying for: _____

PERSONAL DETAILS

Name _____

Address _____

Email _____ Contact number _____

Working with Children Check (Blue Card) Number: _____ Expiry Date: _____

Please confirm your eligibility to work in Australia:

☐ I am an Australian Citizen and/or eligible to work in Australia.

PROFESSIONAL BACKGROUND

List below all qualifications you have gained together with the years they were awarded and the institution awarding them:

QUALIFICATION	YEAR	INSTITUTION

List the places of employment you have worked (most current first):

ORGANISATION	DATES	POSITION

List the professional associations to which you belong:

Give details of any current studies you are pursuing:

What are your general hobbies and interests?

Please give your position on what it means to be a Christian:

OTHER DETAILS

Please briefly state why you want to work at NCC:

Please provide any further comments you wish to give in support of this application?

REFEREES

Give names, addresses and telephone numbers of three (3) persons who would be able to attest to your character and your ability as a teacher. One of these should be your Pastor.

1. Name: _____ Position: _____

Organisation: _____

Contact number: _____

2. Name: _____ Position: _____

Organisation: _____

Contact number: _____

3. Name: _____ Position: _____

Organisation: _____

Contact number: _____

DECLARATION

I hereby confirm that the information supplied above is true, complete and correct. I have attached copies of all necessary documents to support my stated qualifications and experience. I hereby give my permission for you to make such investigations, as you deem necessary regarding the above information. I realise that any misrepresentation or material omission made herein or in any other documentation requested would make me liable to termination of services.

NAME (Print): _____

Signature: _____ Date: _____