Nambour Christian College Ltd

COLLEGE ADDRESS 2 McKenzie Road Woombye QLD 4559 POSTAL ADDRESS PO Box 500 Nambour QLD 4560



PHONE 07 5451 3333 EMAIL info@ncc.qld.edu.au WEB www.ncc.qld.edu.au ABN 89 106 434 511

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 i | | |
| PROFESSIONAL BACKGROUND | | |
| List below all qualifications you have gained toget awarding them: | • | • |
| QUALIFICATION | YEAR | INSTITUTION |
| | | |
| | _ | |
| | | |
| | | |
| List the places of employment you have worked (r | nost current firs | st): |
| ORGANISATION | DATES | POSITION |
| | _ | |
| | - | |
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| | | |
| | | |

| 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: |
| riease bliefly state willy you want to work at NOC. |
| 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: | |
| DE | ECLARATION | |
| ne su | cessary documents to support my state ch investigations, as you deem necessa | lied above is true, complete and correct. I have attached copies of all d qualifications and experience. I hereby give my permission for you to make ry regarding the above information. I realise that any misrepresentation or ther documentation requested would make me liable to termination of services. |
| NAM | IE (Print): | |
| Siar | naturo: | Dato: |