



SACRED HEART COLLEGE
APPLICATION FOR EMPLOYMENT

POSITION TITLE: _____

SECTION A: PERSONAL DETAILS

SURNAME: _____ GIVEN NAMES: _____ TITLE: _____

RESIDENTIAL ADDRESS: _____

_____ POSTCODE: _____

ADDRESS FOR CORRESPONDENCE: _____

_____ POSTCODE: _____ DATE OF BIRTH: _____

TELEPHONE: Private: _____ Work: _____ Mobile: _____

EMAIL ADDRESS: _____ FAX NO: _____

RELIGIOUS AFFILIATION: _____ PARISH (OF WORSHIP): _____

SECTION B: EDUCATION

SECONDARY EDUCATION:

SCHOOLS ATTENDED	YEARS OF ATTENDANCE	CERTIFICATE AWARDED

TERTIARY EDUCATION: (please attach documentary 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 DEVELOPMENT:

DETAILS	YEARS

Attach additional sheet if insufficient space

SECTION D: EMPLOYMENT

CURRENT POSITION

NAME OF EMPLOYER: _____

NAME AND ADDRESS OF PRESENT PLACE OF 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	TO	NAME AND ADDRESS OF EMPLOYMENT	POSITION HELD	REASON FOR RESIGNATION/TERMINATION

Attach additional sheet if insufficient space

SECTION E: TEACHING EXPERIENCE

(For Teaching Positions)

YEAR(S)	SCHOOL	CLASSES TAUGHT	
		Subject	Year Level

Attach additional sheet if insufficient space

SECTION F: OTHER EXPERIENCE YOU CONSIDER RELEVANT

FROM	TO	DESCRIPTION

Attach additional sheet if insufficient space

SECTION G: REFEREES

PLEASE PROVIDE THE NAME, OCCUPATION, WORK ADDRESS AND CONTACT PHONE NUMBERS OF 3 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: Name: _____ Address: _____ Phone No: (H) _____ (W) _____ Position: _____	
REFEREE 2: Name: _____ Address: _____ Phone No: (H) _____ (W) _____ Position: _____	
REFEREE 3: Name: _____ Address: _____ Phone No: (H) _____ (W) _____ Position: _____	

SECTION H: DECLARATION

WHAT IS YOUR GENERAL STATE OF HEALTH? _____

Please respond to each of the questions below, and add your signature. **If you opt for a discussion with the Principal/Principal's delegate rather than answering one or more of the questions. YOU MUST SUBMIT YOUR APPLICATION ONE WEEK BEFORE THE CLOSING DATE.**

1. Have you ever been charged with a criminal offence?

If yes, please provide details: _____

Yes

No

2. Have you ever received a written warning or been dismissed or resigned following allegations of improper or unprofessional conduct?

If yes, please provide details: _____

Yes

No

3. Our process includes asking referees whether there are any child protection concerns in your regard. Do you foresee any problems arising from this process?

If yes, please provide details: _____

Yes

No

Evidence of a criminal history, that may be unrated to any risk of harm to children, will not automatically preclude a person from being or remaining employed.

The requirement for full and honest disclosure during the screening process shall be a condition of initial and ongoing engagement. In signing this form you declare that, if you are successful in your application, you will notify the Principal should there be a significant change in your circumstances that relates to the screening process; for example, criminal offence charges and convictions, restraining orders, injunctions, intervention orders, disciplinary proceedings and investigations.

Signed: _____

Date: _____

OR

I have opted not to answer one or more of the above questions and ask that a meeting be arranged between myself and the Principal/Principal's delegate.

Signed: _____

Date: _____

DETAILS OF TEACHERS REGISTRATION: _____ (Reg Number)
(For Teaching Appointments only)

- 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.
- I am aware that, if considered for the position, it may be necessary for screening processes to be undertaken to ascertain my suitability for working with children.

Signature: _____

Date: _____

Please return completed Application Form to:

The Principal
Sacred Heart College
195-235 Brighton Road
Somerton Park SA 5044

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