Application for Employment

**Application for Employment –** Specialist Subject Teacher- Part Time Fixed Term 0.2FTE

*St Joseph’s Primary School is committed to child safety and is legally required to obtain the following information about a person whom it proposes to engage to perform child-connected work:*

1. *Employee Working with Children Check status, or similar check*
2. *proof of personal identity and any professional or other qualifications*
3. *the person’s history of work involving children*
4. *references that address the person’s suitability for the job and working with children.*

*It is a requirement that all applicants complete this form. You must complete all parts of the form. Any false or incomplete statement or information in this form or in connection with your application for employment may lead to a rejection of your application for employment. Any information provided by you in this form may be checked by the prospective employer with relevant authorites, previous employers, referees or sources. By signing or submitting this form you consent to these pre-employment checks. Information provided will be treated in accordance with the Privacy Act* *1988 (Cth).*

I wish to apply for employment to the Classroom Teacher Full time ongoing position advertised in the

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|  | on |  |
| *(Newspaper, Website, etc)* |  | *(Date)* |

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| **PERSONAL** | **TITLE** | **GIVEN NAME(S)** | | | **SURNAME** |
| **MR MRS MISSMSOTHER** |  | | |  |
| **ADDRESS** | | | **PHONE NUMBERS** | **VIT REGISTRATION / EMPLOYEE WORKING WITH CHILDREN CHECK NUMBER** |
|  | | | **Home** |  |
| **Mobile** | **VIT REGISTRATION TYPE** |
| **Work** |  |
| **ACCREDITATION TO TEACH IN A CATHOLIC SCHOOL** | | **ACCREDITATION TO TEACH RELIGIOUS EDUCATION** | | |
| **YES  NO  COPY ATTACHED** | | **YES  NO  COPY ATTACHED** | | |

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| **PERSONAL** | **VACCINATION STATUS INFORMATION** | | | | |
| **COVID-19 VACCINATION STATUS:**  In accordance with COVID-19 Mandatory Vaccination (Specified Facilities) Directions, as amended or replaced from time to time, the School is required to collect, record and hold vaccination information about all school staff who are, or may be, scheduled to attend the school.  Upon a successful applicant being offered and accepting a position, evidence of the persons vaccination status information will be required to be provided to the School, prior to their on-site attendance. | | **Please write YES next to one option**  Fully Vaccinated  Partially Vaccinated  Unvaccinated  Excepted Person | | |
| **EDUCATION** | **QUALIFICATIONS ATTAINED** | **YEAR COMPLETED** | | **NAME OF INSTITUTION** | |
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| **GRADES/YEAR LEVELS/SUBJECTS/PROGRAMS QUALIFIED TO TEACH** | | | | |
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| **CURRENT EMPLOYMENT** | **CURRENT PLACE OF EMPLOYMENT** | | | | **POSITION** |
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| **ADDRESS OF CURRENT PLACE OF EMPLOYMENT** | | | | **PHONE NUMBER** |
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| **DATE BEGAN** |
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| **DUTIES (FOR EXAMPLE: SUBJECTS/GRADES TAUGHT IF CURRENTLY TEACHING)** | | | | |
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| **PREVIOUS EMPLOYMENT**  **PREVIOUS EMPLOYMENT** | **EMPLOYER’S NAME AND ADDRESS** | | **POSITIONS/DUTIES** | | **DATES** | | |
| **FROM** | | **TO** |
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| ***(Note: You must list all previous employers. If more space is required, attach a separate sheet)*** | | | | | | |
| **VOLUNTEER WORK**  **PREVIOUS EMPLOYMENT** | **ORGANISATION’S NAME AND ADDRESS** | | **POSITIONS/DUTIES** | | **DATES** | | |
| **FROM** | | **TO** |
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| ***(Note: You must list all previous places of volunteer work where such work involved children. If more space is required, attach a separate sheet)*** | | | | | | |
| **REFEREES** | **NAME** | **POSITION** | | **SCHOOL/COMPANY** | | **PHONE NUMBER** | |
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**Pre-Employment Disclosure Questions**position that be person suitable to work with

It is an inherent requirement of the position that you be a person suitable to work in child-connected work. Each of the following questions are relevant to the prospective employer understanding and determining your likely ability to carry out the inherent requirements of the advertised position. You must answer each question.

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| 1. **Have you ever had any disciplinary action taken against you by an employer (e.g. received a warning or had your employment terminated) in relation to any inappropriate or unprofessional conduct?** |
| NO YES |
| If yes, please provide details: |
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| 1. **Have you ever been the subject of an allegation of inappropriate or unprofessional conduct which has been substantiated by an employer or other body?** |
| NO YES |
| If yes, please provide details: |
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| 1. **Have you ever been found guilty of a criminal offence or are you currently facing criminal charges?** |
| NO YES |
| If yes, please provide details: |
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| 1. **Do you consent to the prospective employer contacting the appropriate person at any or all of your current or former employers (including any retired person who at the relevant time may have been employed by a former employer) to confirm the accuracy of your answers in questions 1–3 above and to ask about your suitability to work with children?** |
| NO YES |
| If no, this will be discussed further if you are offered an interview. |

**Applicant declaration**

I declare that the contents of this form are true and correct and complete to the best of my knowledge and no information concerning my employment history has been withheld.

I understand that any wilfully incorrect or misleading answer or material omission which relates to any of the questions in this form may make me ineligible for employment, or if employed, liable to disciplinary action which may include dismissal.

I understand that all applicants are required to undergo background screening which may include a National Police Record Check. I consent to such screening and checks in connection with my application for employment. I consent to the prospective employer making inquiries of any current and/or previous employers in connection to the information and answers I have provided in this form to verify the accuracy of the information in this form and to confirm my ability to carry out the inherent requirements of the position including my suitability to perform child-connected work. I understand and accept that my appointment to this position requires compliance with the school's child-safe policy and code of conduct. I have read and understand the school's child-safe policy and code of conduct.

I understand and accept that my appointment to this position requires a commitment to Catholic Education. I have read and understand the Statement of Principles regarding Catholic Education.

I understand that, in accordance with the COVID-19 Mandatory Vaccination (Specified Facilities) Directions, I will be required to provide acceptable vaccination information for the school to collect, record and hold during my employment.

# Signature Date