

Reference A4
Version 01:17

CATHOLIC EDUCATION Diocese of Rockhampton

APPLICATION FOR EMPLOYMENT - NON-TEACHER

- 1. Please read the guide booklet when completing this form.
- 2. Please use a black pen if completing this form by hand.
- 3. This symbol 🖺 denotes that the applicant is required to supply documentary evidence to support their application.

SECTION 1: Personal Details						
Position applying for:						
School:		Location:				
Surname:						
Given Name/s:	Title: (Mr,Mrs,M:	s,Miss,Dr)	If other, please specify:			
Previous Surname:			If applicable attach certificate			
Preferred Name:						
Street Address:						
Town/Suburb:			Post Code:			
Postal Address:						
Town/Suburb:			Post Code:			
Religious Denomination:	If available attach Baptism certificate					
Home Phone:		Mobile:				
Email Address:						
Please indicate below how you were made aware of this position:						
Morning Bulletin Courier Mail	Mackay Mercury ☐ Gladstone Observer ☐					
Bundaberg News CQ News (Emd)	Catho	lic Leader 🔲	Catholic Education Website			
Word of Mouth Other (please indicate)						

SECTION 2: Additional Personal and Identification Information						
2 (a) Working with Children Check – Employs	ment Scree	nir	ıg 🖺			
Do you have a current Working with Children BLUE CARD or A	HPRA registrat	ion?		Yes	No 🗌	
If yes, Blue Card Number: Attach a copy of yo	our card or AHP	RA re	ego 🖺	Expiry date:		
If you have filed an Application to Obtain a Blue Card, please of	give your receip	ot nu	mber:			
2 (b)Previous Employment						
Have you ever been previously employed with Catholic Educat	tion?			Yes 🗌	No 🗌	
If yes, name of school / diocese / employer:						
2 (c) Criminal History						
Have you ever been charged or convicted in a court of law for	anything other	thar	for a	traffic offence?	?	
Yes No If YES, please	e provide a sta	teme	ent givi	ing details 🖺		
2 (d)Medical History						
Do you have a medical condition which your employer should be aware of in assessing your ability to satisfy the inherent requirements of the position/s applied for or in assessing workplace adjustments that would be required for your employment?						
Have you ever made a workers' compensation claim or received a lump sum settlement in relation to an injury, illness or disability which may be relevant to assessing your ability to satisfy the inherent requirements of the position/s applied for or assessing workplace adjustments that would be required for your employment?						
If YES to either of these questions please provide a stat	ement giving a	etail	S.			
_	Please supply			ary evidence		
For further information refer to http://www.immi.gov.au/						
What is your residency status?					erseas, what	
Australian Citizen					date did you arrive in Australia?	
Australian Permanent Resident						
New Zealand Citizen who entered Australia on a current New Zealand passport						
Non-Australian citizen holding a valid visa with work entitlements						
If you are a permanent or temporary visa holder please pro		win	g infor	mation 🖺		
				expiry date		
SECTION 3: Recognition of Diversity [Completion of this section is voluntary]						
3 Target groups						
Do you identify as any of the following?	No 🗌 If	YES	pleas	e identify whic	h target group	
Aboriginal/Torres Strait Islander Person						
Person with a disability						
Person from a Non-English speaking background [
First language						

SECTION 4: Education History Copies of TAFE certificates or equivalent must be attached						
Schools/Colleges TAFE Institutes	Full or Part Time	From DD/MM/YYYY	To DD/MM/YYYY	De	Details and Level of Attainment	
SECTION 5: Employment Please start with current position of	ent History or last position held	<u> </u>				
Employer & Addres		Job Title	From DD/MM/YYYY		To DD/MM/YYYY	
SECTION 6: Additional	Skills / Inte	rests / Mem	berships			
Description						
SECTION 7: Tertiary Qualifications Certified copies of your degree or academic transcript must be attached.						
Qualification – Name of Cou	irse N	ame of Institution	<u> </u>	oletion ate	Majors	
				+		

SECTION 8: Recognition of Prior Service					
Certified copies of supporting documentation must be attached. Do you have any previous service that may be recognised for classification					
Do you have a	any previou	us service that may be recognised for	classification		
purposes?			Yes No No		
If YES, please provide a statement of service for the relevant experience.					
If you are classified as a School Officer you will also need to complete a PR12 form (available from the school office)					
_		<u>*</u>	-	cumentation e.g. Statement of Service. The	
•		·		work to which the employee is appointed.	
SECTION	9: Refe	erees			
				r application, you should inform the person	
			so inform them t	hat the information is to be used solely in	
connection wi	th your app	olication for employment.			
Nome			A d d z o o o		
Name			Address		
Phone No	Daytime		Position		
	Mobile		Email		
Name			Address		
Phone No	Daytime		Position		
	Mobile		Email		
Name			Address		
Phone No	Daytime		Position		
	Mobile		Email		

SECTION 10: Employment Collection Notice

In applying for this position and submitting your application for employment you will be providing Catholic Education within the Diocese of Rockhampton with personal information, for example your name, address and information contained in your resume. We will collect and record this information in order to assess your application.

If you believe that any of your personal information held by us is incomplete or inaccurate you have the right, in accordance with the provisions of the Privacy legislation, to notify us and make any updates or corrections.

Where you have provided us with the name and address of a person in connection with your application (e.g. referee), you should inform the person that you have done so and the reason for it. You should also inform them that the information is to be used solely in connection with your application for employment.

In submitting this application for employment you agree that you will not seek access to references provided by third parties or to confidential notes or reports made by us relating to your application for employment. We seek your agreement in this regard to ensure that referees are not inhibited from providing complete and accurate references as to your suitability for the position. Access to feedback on the selection process is available.

SECTION 11: Applicant's Declaration **This section MUST be signed and dated.

I agree with the conditions set out in Section 10 of this form. I have read, understood and, if offered employment with Catholic Education with the Diocese of Rockhampton, accept the requirements of the *Statement of Principles for Employment in Catholic Schools* as an explicit condition of employment. I certify that the information in this application is true, to the best of my knowledge. I understand that I have a duty to disclose sufficient information to enable a prospective employer to make a properly informed decision about my employment.

I understand that if I am employed by Catholic Education in the Diocese of Rockhampton and any statement I have made or information I have provided with this application form are found to be false within my knowledge, that I may be liable for immediate dismissal.

**Signature: Date:	
SECTION 12: Document Checklist	
Upon completion of this form, attach CERTIFIED copies of the following documents. Do <u>not</u>	send originals
Marriage certificate, court order, change of name certificate	
2. Birth Certificate	
Passport, Visa (if applicable)	
Baptism Certificate (if available)	
5. Working with Children (Blue Card) / Positive Notice	
Statement of criminal history (if applicable)	
7. Statement of medical history (if applicable)	
8. Statement of worker's compensation claims (if applicable)	
9. Statements of Competencies/Qualifications (if applicable)	
10. Supporting documentation for Recognition of Prior Service (if applicable)	