



Employment Application Form

Return to:

The Principal

St Edward's College

Email: principal@stedwards.nsw.edu.au

Position applying for:

Employment Collection Notice

1. In applying for this position, you will be providing St Edward's College (the College) with personal information.
2. If you provide the College with personal information, for example your name and address or information contained on your resume, the College will collect the information in order to assess your application.
3. The College may keep this information on file if your application is unsuccessful in case another position becomes available. We will not disclose this information to a third party without your consent.
4. You may seek access to your personal information held by the College if you are unsuccessful for the position. However, there may be occasions when access is denied. Such occasions would include where access would have an unreasonable impact on the privacy of others.
5. This information will be provided to the interview panel for the position for which you are applying.
6. If you provide the College with the personal information of others, we encourage you to inform them that you are disclosing that information and why; that they can access the information if they wish; that the College does not disclose the information to third parties.

1. Personal Information

Surname: _____

First names: _____

Home address: _____

_____ Postcode _____

Contact Phone number: _____

Preferred email contact: _____

Present position: _____

Current school/office name: _____

Telephone: _____





2. Tertiary Education Qualifications – please list from most recent and include copies of qualifications and academic transcripts in your application

Years attended	<input type="text"/>	
Institution	<input type="text"/>	
Qualifications	<input type="text"/>	Office Use:
Major area/s of Study	<input type="text"/>	Verified

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Years attended	<input type="text"/>	
Institution	<input type="text"/>	
Qualifications	<input type="text"/>	Office Use:
Major area/s of Study	<input type="text"/>	Verified





3. Other Qualifications

Years attended	<input type="text"/>	
Institution	<input type="text"/>	
Qualifications	<input type="text"/>	Office Use:
Major area/s Study	<input type="text"/>	Verified

Years attended	<input type="text"/>	
Institution	<input type="text"/>	
Qualifications	<input type="text"/>	Office Use:
Major area/s Study	<input type="text"/>	Verified

Years attended	<input type="text"/>	
Institution	<input type="text"/>	
Qualifications	<input type="text"/>	Office Use:
Major area/s Study	<input type="text"/>	Verified

4. Essential Requirements

The Essential Requirements should be addressed in no more than four pages and included in the emailed application as a separate attachment.

Office Use:
Attached
Yes
No





5. Membership of Professional Organisations

Name of Teacher Registration Organisation: _____

Teacher Registration Number: _____ Expiry date _____

Office Use: Rec

Please provide a copy of your Certificate of Proficiency

Working with Children Clearance

number: _____ Expiry Date _____

6. Referees

Names and contact details for two persons who have consented to act as referees and who have been approached to provide written references. One must be your current Principal/Employer. (NB: The College reserves the right to contact persons not nominated by the applicant).

6.1. Principal/Current Employer

Name _____

Company _____

Phone _____

Email _____

Office Use:

Checked

6.2. Professional Colleague

Name _____

Company _____

Phone _____

Email _____

Office Use:

Checked

7. Declaration

I, _____ on _____ declare
that to the best of my knowledge the above information is true and correct.

Check box to confirm the above statement

