## **Employment Application Form Casual Teaching Staff**



Personal Information									
Position applied for: CASUAL TEACHER Primary   Secondary									
Last Name (block letters) Other Nam		100		Title					
Last Maille (block letters)		Other Nam	162		Title				
Former names: (if applicable)									
Contact Details									
Home address:					Post code:				
Postal address:					Post code:				
Home phone:			Business phone:		FUSI COUC.				
Mobile:	Email:								
Working with Children Che	eck								
WWCC Number:	WWCC Number: Dar				piry date:/				
Australian Citizenship									
Are you an Australian Citizen?	Yes □	No □	If not, are you on do you have:	a Vis	sa, and if yes - what type of Visa				
Health									
Have you any medical condition which may affect your capacity or suitability to perform the duties of the position for which you have applied for? If yes, please provide details:  Yes ¬No ¬									
Have you had any previous Wo	orkers Comp	ensation Clair	ns? If yes, please p	rovide	e details: Yes □ No □				

Educational Information

Please bring copies of evidence of academic qualifications if invited for an interview.

School							
			Years of	attendance	Level At	Level Attained	
1							
TERTIA	RY						
Name ar	Name and location of institute		_	Diploma or	Years of	Years of attendance	
			Certificat	e conferred			
Other ed	ducational, <sub>l</sub>	orofessional or t	technical q	ualifications:			
		qualification in ana	phylaxis?	Yes  No			
	ave a CPR qu	alification? First Aid Certificate	2	Yes   No   No			
Do you no	Jid a current r	TISE AID CELLIICALE	<u>f</u>	Tes   INO			
		Em	ıploymeı	nt Information			
Indicate	in order pre			mencing with the m			
From	То	Name of Emp	loyer	Position Held	Rea	Reason for leaving	
•							
			Evtro				
			Extra (	Curricular			
			e are expect	ed to be involved in the			
for exam	ple, coaching	a sport team, man	e are expectoriaging a spoi	ed to be involved in the t code etc. Please spe			
for exam	ple, coaching		e are expectoriaging a spoi	ed to be involved in the t code etc. Please spe			
for exam	ple, coaching	a sport team, man	e are expectoriaging a spoi	ed to be involved in the t code etc. Please spe			
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## Referees

Please provide the name and contact details of three persons to whom reference may be made in regard to professional competency and character. These references must be employers. If you work at a school, your current Principal must be one of the referees and be aware of your application.

Referee 1:					
Name:					
Employer and position:					
Phone:					
Referee 2:					
Name:					
Employer and position:					
Phone:					
Referee 3:					
Name:					
Employer and position:					
Phone:					
Teacher Classification (This information must be completed)					
What is your Teacher Accreditation number?					
Date of achievement of Proficient Teacher Accreditation (NESA):					
If accredited Provisionally/Conditionally, when is your Proficient Teacher Accreditation Due Date?:					
If accredited as Proficient Teacher, when is your Maintenance Due Date?:					
Years of teaching:					
Remuneration					
Remuneration					
Current Salary: \$ (including superannuation) Band or Step:					
Expectations of Salary for this position: \$					
<b>Declaration</b> I certify that the information on this form is complete and correct in every detail and I understand that deliberate inaccuracies or omissions may result in non-acceptance of this application and/or termination of employment.					
Signature: Date:					