



Reference	A4
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





# 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		
<b>Position applying for:</b>		
<b>School:</b>	<b>Location:</b>	
Surname:		
Given Name/s:	Title: (Mr, Mrs, Ms, 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 <input type="checkbox"/>	Courier Mail <input type="checkbox"/>	Mackay Mercury <input type="checkbox"/>
Gladstone Observer <input type="checkbox"/>	Bundaberg News <input type="checkbox"/>	CQ News (Emd) <input type="checkbox"/>
Catholic Leader <input type="checkbox"/>	Catholic Education Website <input type="checkbox"/>	Word of Mouth <input type="checkbox"/>
Other (please indicate)		

<b>SECTION 2: Additional Personal and Identification Information</b>		
<b>2 (a) Working with Children Check – Employment Screening</b> 		
Do you have a current Working with Children BLUE CARD?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, Blue Card Number:	<i>Attach a legible copy of your card</i> 	Expiry date:
If you have filed an Application to Obtain a Blue Card, please give your receipt number:		
<b>2 (b) Previous Employment</b>		
Have you ever been previously employed with Catholic Education?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, name of school / diocese / employer:		
<b>2 (c) Criminal History</b>		
Have you ever been charged or convicted in a court of law for anything other than for a traffic offence? Yes <input type="checkbox"/> No <input type="checkbox"/> <i>If YES, please provide a statement giving details</i> 		
<b>2 (d) Medical History</b>		
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?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>If YES to either of these questions please provide a statement giving details.</i> 		
<b>2 (e) Australian Immigration Status</b>  <i>Please supply documentary evidence</i> <i>For further information refer to <a href="http://www.immi.gov.au/">http://www.immi.gov.au/</a></i>		
<b>What is your residency status?</b>		<b>If born overseas, what date did you arrive in Australia?</b>
Australian Citizen	<input type="checkbox"/>	
Australian Permanent Resident	<input type="checkbox"/>	
New Zealand Citizen who entered Australia on a current New Zealand passport	<input type="checkbox"/>	
Non-Australian citizen holding a valid visa with work entitlements 	<input type="checkbox"/>	
<b>If you are a permanent or temporary visa holder please provide the following information</b> 		
Current Visa Class	Current Visa sub-class	Visa expiry date
<b>SECTION 3: Recognition of Diversity</b> <i>[Completion of this section is voluntary]</i>		
<b>3 Target groups</b>		
Do you identify as any of the following?	Yes <input type="checkbox"/>	No <input type="checkbox"/> <i>If YES, please identify which target group</i>
Aboriginal/Torres Strait Islander Person	<input type="checkbox"/>	
Person with a disability	<input type="checkbox"/>	
Person from a Non-English speaking background	<input type="checkbox"/>	
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	Details and Level of Attainment

## SECTION 5: Employment History

Please start with current position or last position held

Employer & Address	Job Title	From DD/MM/YYYY	To DD/MM/YYYY

## SECTION 6: Additional Skills / Interests / Memberships

Description

## SECTION 7: Tertiary Qualifications

Certified copies of your degree or academic transcript must be attached. 

Qualification – Name of Course	Name of Institution	Completion Date	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 purposes?

Yes  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) outlining how the service is relevant to the position and provide supporting documentation e.g. Statement of Service. The recognition of other service will be based upon demonstrated relevance to the work to which the employee is appointed.

## SECTION 9: Referees

In providing us with the name and address of a person in connection with your application, 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.

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 **not** send originals

1. Marriage certificate, court order, change of name certificate	<input type="checkbox"/>
2. Birth Certificate	<input type="checkbox"/>
3. Passport, Visa (if applicable)	<input type="checkbox"/>
4. Baptism Certificate (if available)	<input type="checkbox"/>
5. Working with Children (Blue Card) / Positive Notice	<input type="checkbox"/>
6. Statement of criminal history (if applicable)	<input type="checkbox"/>
7. Statement of medical history (if applicable)	<input type="checkbox"/>
8. Statement of worker's compensation claims (if applicable)	<input type="checkbox"/>
9. Statements of Competencies/Qualifications (if applicable)	<input type="checkbox"/>
10. Supporting documentation for Recognition of Prior Service (if applicable)	<input type="checkbox"/>