



JOB APPLICATION COVER SHEET- SUPPORT STAFF

POSITION: _____

Your Details

Title (tick one box only):

Mr Ms Dr

Mrs Miss Prof Other

First Name: _____ Last Name: _____

Street Name & No. or PO Box: _____

Suburb/Town: _____

State: _____

Postcode: _____

Country (if not Australia): _____

Daytime Contact No.: _____

Alternative Contact No.: _____

E-Mail Address: _____

Position Information

Where did you first see the position advertised (tick one only):

Courier Mail	<input type="checkbox"/>	The Australian	<input type="checkbox"/>
www.stmargarets.qld.edu.au	<input type="checkbox"/>	www.teachers.on.net.au	<input type="checkbox"/>
www.mycareer.com.au	<input type="checkbox"/>	www.seek.com.au	<input type="checkbox"/>
www.careerone.com.au	<input type="checkbox"/>	www.agsa.org.au	<input type="checkbox"/>

Other: _____

Application Date: ____ / ____ / ____



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Section 1: Applicant Personal Details

Surname: _____ Title: _____ Previous Surname/s: _____

Given Names: _____ Preferred Names: _____

Date of Birth: _____ Proof attached Yes / No Sex (M or F) _____
(optional information)

Residential Address: _____ Post code: _____

Postal Address: _____ Post code: _____

Telephone: Home _____ Alternative contact no. _____

Fax _____ Email: _____

Mobile _____ Pager _____

Have you ever previously been employed by St Margaret's AGS? (Pls circle) Yes / No

If Yes, When _____

If Yes, employed as (Pls circle) Casual Temporary Permanent

Are you currently employed Yes / No

Section Two: Additional Personal and ID Information

Citizenship / residency status

Are you an Australian citizen or a permanent resident of Australia Yes / No
If no, attach a statement giving details

Criminal convictions

Have you ever been convicted in a court of law for an offence, other than a traffic offence or an offence which you do not have to disclose by virtue of the provision of the Criminal Law (Rehabilitation of Offenders) Act 1986? Yes / No
If yes, you will be required to submit details in an enveloped marked Confidential

Other Employment

Are you currently on leave from any Commonwealth, State Government department or Private sector organization? Yes / No
If yes, attach a statement giving details

Suitability Card for Child Related Employment

Do you hold a current "Blue Card"? Yes/No
If yes Registration Number: _____



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Section Three: Employment History

Please list your previous employers in chronological order (attach a separate sheet if there is insufficient space).

Employer	Position Title	Work Status F/P/T/C	Employed From	Employed To

Section Four : Educational Qualifications

Please list any qualifications, the Institution, date completed - in chronological order (attach a separate sheet if there is insufficient space).

Qualification	Name of Institution	Course completion date / year

Section Five : Referees

Please list your referees below.

Name	Type of Reference (personal/professional)	Position Title	Company	Phone Number



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Section Six: Certified copies of qualifications (including academic results)

Section Seven: Additional courses completed (*not listed in Section 4 above*)

Section Eight: Professional Associations (*please list your membership and positions held*)

Section Nine: Activities / Hobbies / Outside Interests (*please list*)

Section Ten: Is your present employer aware of this application / enquiry? Yes / No

Section Eleven: By what date would you be able to take up a new appointment?

Section Twelve: Current salary scale (*certified verification required*)

Section Thirteen: Applicant's Declaration

I certify that the information contained in this application is a true and correct statement of my particulars, qualification, training, experience and competencies. I understand that statements found to be false within my knowledge may make me liable for immediate dismissal.

Signature:

Date:

PLEASE SEND THIS FORM COMPLETED WITH YOUR CURRICULUM VITAE AND APPLICATION