



Application for Employment Non-Teaching

CAMPUS:	Waratah		Cessnock		Port Stephens		Gosford	
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POSITION DETAILS

Position Sought:	
Date of Application:	/ /

PERSONAL INFORMATION

Surname:			
Given Name/s:			
Marital Status:			
Date of Birth:	/ /		
Address:			Postcode:
Phone: (home)			
Mobile:		WWCC:	
Email:			

Have you been arrested or convicted of any criminal act? Yes No

If yes, please give details:	
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EXPERIENCE

Give details of your experience. (Include dates, names of organisations and years of work)			
Indicate your total experience	Years:		Months:

DYNAMIC LEARNING COLLEGE

02 4949 2929
98 Georgetown Road, Waratah NSW 2298
Dale.Accounts@spcc.nsw.edu.au
www.spcc.nsw.edu.au

QUALIFICATIONS

What degrees, diplomas or other professional qualifications do you hold?

Degree, Diploma etc	Name of Institution	Years of Training	Year Conferred

List any position of special responsibility you have held, and length of time:	
List any areas of special training, experience or interest:	
Provide details of professional associations of which you are members:	

CHRISTIAN COMMITMENT

Do you consider yourself to be a true Christian?	
Which Church do you regularly attend?	
Phone:	
Address:	
	Postcode: <input type="text"/>

MINISTER DETAILS

Ministers Name:	
Phone:	

CHRISTIAN JOURNEY

Give a brief outline of your involvement in your Church and/or other Christian work:	
Given a brief testimony describing your conversion to Christ:	

GENERAL COMMENTS

Why are you interested in applying for this particular position?	
What attracted you to this college?	
Any additional relevant information or comments are welcome:	

REFEREES

Referees will be contacted by the College to discuss your suitability for the position you have applied for:

Character

Surname:		Given Name/s:	
Address:			
		Postcode:	
Occupation:		Phone:	
What is your association with this referee?			

Pastor/Minister

Surname:		Given Name/s:	
Address:			
		Postcode:	
Occupation:		Phone:	
What is your association with this referee?			

Professional

Surname:		Given Name/s:	
Address:			
		Postcode:	
Occupation:		Phone:	
What is your association with this referee?			

ELECTRONIC SIGNATURE CONSENT

I confirm that the above information is correct. I understand that any misleading statements or omissions made by me may be sufficient grounds for cancelling any agreements made.

Signature:		Date:	
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Foundation Office

For the Whole of Their Life

Electronic Signature/Email Consent Form

The College may, from time to time, seek a staff member's electronic acknowledgement of their agreement to, or acceptance of, documents and communication.

By signing below, you are acknowledging that any documents or communication sent from your College email address, or that have a visible representation of your name attached, either through typed means or through programs such as Adobe, etc indicates that you have put your mind to adopting the communication or documents, and that by the affixing of your name, your consent has been given.

I, (full name) _____, consent to the use of my College email address or a visible representation of my name or mark, by electronic or mechanical means to identify me and to indicate that I have put my mind to accepting the document or communication and my consent has been given.

Signature: _____

Date: _____