

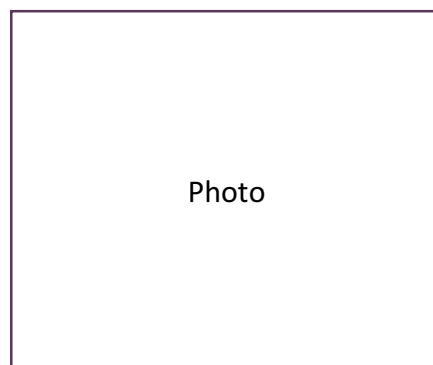


For the Whole of Their Life

# Application for Employment Non-Teaching

## POSITION DETAILS

Position sought:	
Date of application:	/ /



## PERSONAL INFORMATION

Surname:			
Given Name/s:			
Marital Status:			
Date of Birth:	/ /		
Age:		Place of Birth:	
Number of Children:		Ages:	
Address:			
		Postcode:	
Phone: (home)			
Mobile:		WWC:	
Email:			

Condition of Health: ☐ Excellent ☐ Good ☐ Fair

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:	

## QUALIFICATIONS

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

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

List any positions 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 a member:	

## CHRISTIAN COMMITMENT

Do you consider yourself to be a true Christian?			
Which Church do you regularly attend?			
Phone:			
Address:			
		Postcode:	

## Minister Details

Ministers Name:	
Phone:	

## Christian Journey

Give a brief outline of your involvement in your Church and/or other Christian work:	
Give 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?			

### CONSENT FORM

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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