

Application for Employment Non-Teaching

St Philip's Christian College, Gosford
20 Narara Creek Road
P O Box 640
Gosford NSW 2250
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gosford@spcc.nsw.edu.au

					www.spcc.nsw.edu.au		
Position:		Date:					
A PERSONAL INFORMATION							
Name:					Photo		
Address:							
Phone:							
Email Add	lress:						
Age:		DOB: DD/MM/YEAR		Place of Birth:			
Marital St	atus:	No. of Childre	n:	Ages:			
Condition	of health: Excellent	Good Fair					
Working with Children Check / Application Number:							
Have you ever been arrested or convicted of any criminal act?							
If yes, please give details:							
				_			
Next of k	Kin:			Phone:			
B EXP	ERIENCE / QUALIFICATI	ONS					
Give details of your experience. Include dates, names of organizations and years of work.							
Indicate y	our total experience:						

B EXPERIENCE / QUALIFICATIONS							
What degrees diplomas or other professional qualifications do you hold?							
List any positions of special responsibility you have held, and length of time.							
List any areas of special training, exp	perience or interest.						
Provide details of professional assess	istiana af which way a						
Provide details of professional association	•						
C CHRISTIAN COMMITMENT							
Do you consider yourself to be a tr	ue Christian?						
Which Church do you regularly atte	end?						
Ministers Name:	Phone	CHURCH					
Address: No / STREET							
Give a brief outline of your involvement in your Church and/or other Christian work.							

С	CHRISTIAN COMMITMENT
Give	e a brief testimony describing your conversion to Christ.
Е	GENERAL COMMENTS
VVII	y are you interested in applying for this particular position?
Wh	at attracted you to this College?
V V 11	at attracted you to this conege.
Any	additional relevant information or comments are welcome.

F REF	EREES					
Referees will be contacted by the College to discuss your suitability for the position you have applied for.						
CHARA	CTER					
Name:						
Address:						
Phone:						
Occupati	on:					
What is y	our association with this referee?					
PASTOR / MINISTER						
Name:						
Address: No / STREET						
Phone:						
Occupation:						
What is y	our association with this referee?					
PROFES	SSIONAL					
Name:						
Address:						
Phone:						
Occupation:						
What is y	our association with this referee?					
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	2:	Date:				