

## Application for Employment **Teacher (Casual)**

Port Stephens Campus 182 Salamander Way SALAMANDER BAY NSW 2317 Ph: 02 49195400 Fax: 02 49195499 Email: portstephens@spcc.nsw.edu.au Web: www.spcc.nsw.edu.au

Date of Application:								
Preferred Grades / Subjects:								
A PERSONAL INFORMATION								oto
Name:								
Address:								
Phone:								
The following questions in this section are optional.								
Age:	DOB: DD/M		MM/YEAR PI		Place	of Birth:		
Marital St	atus:	No. of 0	Children:		Ages:			
Condition of health: Excellent G		pod	Fair		WWC N	0.	Chkd	
Have you ever been arrested or convicted of any criminal act?								
If yes, please give details:								
B PRO	FESSIONAL PREPARATION							
What degrees, diplomas or other professional qualifications do you hold?								
What grades / subjects are you qualified to teach?								
Teacher Accreditation number:						Status:		
Teacher Accreditation due date:					Please attach NESA Receipt.			

B PROFESSIONAL PREPARATION							
Do you have any other qualifications?							
Give details of your teaching experience. Include dates, names of schools, and years and subjects taught.							
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Indicate your total experience: VEARS							
List any positions of special responsibility you have held, and length of time.							
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List any areas of special training, experience or	interest?						
Provide details of professional associations of v	which you are a member						
Trovide details of professional associations of v	vineri you are a member.						
C CHRISTIAN COMMITMENT							
Do you consider yourself to be a true Christian?	?						
Which Church do you regularly attend?							
Ministers Name:	Phone:						
Address:	CHURCH						
Give a brief testimony describing your conversion to Christ and your involvement in your Church:							

D REFEREES							
Referees will be contacted by the College to discuss your suitability for the position you have applied for.							
CHARACTER							
Name:							
Address:	S: No/STREET						
Phone:							
Occupation:							
What is your association with this referee?							
PASTOR / MINISTER							
Name:							
Address:							
Phone:							
Occupation:							
What is your association with this referee?							
PROFESSIONAL							
Name:							
Address:							
Phone:							
Occupation:							
What is your association with this referee?							
I confirm that the above information is correct and that I would be supportive of the Christian Ethos of the College. I understand that any misleading statements or omissions made by me may be sufficient grounds for cancelling any agreements made.							
Signatur	e:	Date:					
NB: Please provide with this application references transcripts of academic attainment and teaching reports.							