



I AM BORN FOR HIGHER THINGS

Locked Bag 42 Wollongong NSW 2500 • situated at 15 Harbour Street  
Telephone 4228 6011 • Fax 4229 8555 ABN 70 309 539 954

### APPLICATION FOR EMPLOYMENT: NON-TEACHING STAFF

Please return your completed form in one of the following ways: press “submit” at the end of the electronic form; email to [stmarys@stmarys.nsw.edu.au](mailto:stmarys@stmarys.nsw.edu.au); fax to 02 4229 8555; or post to The Principal, St Mary Star of the Sea College, Locked Bag 42, Wollongong 2500.

If the space provided in any section is insufficient, please attach/send a separate document.

**Child protection legislation requires the successful applicant to supply a Working with Children Clearance, available from [www.newcheck.kids.nsw.gov.au](http://www.newcheck.kids.nsw.gov.au) or by phoning 9286 7219.**

**If you have a WCC number, please include it here**

### APPLICATION FOR THE POSITION OF

#### PERSONAL DETAILS

Title [Mr Mrs Ms Miss Dr etc]

Surname

Given names

Preferred first name

Residential address

Postal address

Residential phone

Business phone

Mobile

Email address

Date of birth [day/month/year]

Country of birth

Nationality

[If not an Australian citizen, you will be required to provide a copy of your current visa]

Marital status

Religion

#### SECONDARY EDUCATION

Highest qualification

School

Year completed

**TERTIARY EDUCATION** [If your application is successful, you will be required to produce official original records]

**Qualification gained**

**Institution attended**

**Date awarded**

**OTHER TRAINING/QUALIFICATIONS**

**Qualification gained**

**Institution attended**

**Date awarded**

**EMPLOYMENT HISTORY**

**Institution**

**Occupation**

**Dates**

**PROFESSIONAL ASSOCIATIONS OF WHICH YOU ARE A MEMBER**

## HEALTH AND EMPLOYMENT

Applicants are asked to complete all of the health and employment declaration and to provide any supporting or explanatory material. The information is necessary in order to assess each applicant's eligibility for employment. This information is confidential.

Details required include the nature of a health condition, past and/or present treatment, and full name of the doctor or specialist consulted.

1. Do you have any current health problems which may impact on your capacity to carry out the duties of the position, including student supervision and co-curricular duties? Yes No

If yes, please provide details.

2. Are you taking regular medication prescribed by a medical practitioner which may impact on your capacity to carry out the duties of the position? Yes No

If yes, please provide details including medication, reasons for use and dates.

3. Have you in the last three years had 10 or more consecutive days leave for sickness? Yes No

If yes, please provide details, including dates.

4. Have you ever suffered from any mental or emotional disorders, including anxiety or a depressive state, which requires medical support? Yes No

If yes, please provide details, including dates.

5. Do you have any significant vision, voice or hearing loss or impairment? Yes No

If yes, please provide details, including dates

6. Have you ever been rejected or deferred as medically unfit for service in the armed forces, for life insurance, for permanent appointment to a public sector position or to participate in any superannuation scheme?

Yes No

If yes, please provide details, including dates.

7. Have you had any surgical operation, a serious accident or any serious medical condition not otherwise mentioned that requires hospitalisation and may impact on your capacity to carry out the duties of the position?

Yes No

If yes, please provide details, including dates.

8. Have you ever been a recipient of workers' compensation payments or benefits (wages, medical expenses or injury lump sum redemption)?

Yes No

If yes, please provide details, including dates and in which State

**NOMINATED PROFESSIONAL REFEREES** [to include current/most recent employer]

Name	Organisation	Position	Telephone number
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**DECLARATION**

- All appropriate documentation is available if requested.
- I understand that if further medical information is required I may be asked to give written authorisation for St Mary Star of the Sea College to seek relevant medical information.
- I acknowledge that any willful suppression or inaccuracy of information contained in this document may result in non-acceptance of this application and/or termination of employment.
- I understand that St Mary Star of the Sea College reserves the right to contact any previous employer and those nominated above.

Signed \*

Date

\* If you do not have an electronic signature, you will be asked to sign this document at time of interview.