



APPLICATION FORM – GENERAL STAFF

APPLICANT DETAILS

Please complete all information

Surname	<input type="text"/>	Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female
First name	<input type="text"/>	Country of birth	<input type="text"/>
Second name	<input type="text"/>	Date of birth	<input type="text"/>
Preferred name	<input type="text"/>	Nationality	<input type="text"/>
		Religious Denomination	<input type="text"/>
Present Employer	<input type="text"/>	Previous Employer	<input type="text"/>
Years of Service with Present Employer	<input type="text"/>	Years of Service with Previous Employer	<input type="text"/>

Position applied for at Tyndale?

Where did you find out about this position?

Are you applying for a full-time position?
 Yes No

Are you applying for a part-time position?
 Yes No

PERSONAL DETAILS

Family

Marital Status
 Single Married Separated Divorced Other _____

Name of Spouse

Children	Names	Ages	School
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>
	<input type="text"/>	<input type="text"/>	<input type="text"/>

Home address

A post office box is not acceptable as a home address. **Provide one address only if addresses are the same.**

Applicant Address

Street address	<input type="text"/>	Phone	<input type="text"/>
Suburb	<input type="text"/>	Mobile	<input type="text"/>
State	<input type="text"/>	Email	<input type="text"/>
Postcode	<input type="text"/>		

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Mailing address

Provide a mailing address if it is different from the home address; otherwise, write "As above" in the first line below. Provide one address only if addresses are the same, or if you only require correspondence mailed to one address.

Applicant Address

Street address	<input type="text"/>
Suburb	<input type="text"/>
State	<input type="text"/>
Postcode	<input type="text"/>

EDUCATIONAL BACKGROUND AND TRAINING

Name of Secondary School Attended _____

Tertiary / Other Education (include any other relevant, specialised training). Please supply **certified copies** of your qualifications with your application.

Institution	State/Place	Qualifications gained	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

EMPLOYMENT HISTORY

Name of School / Organisation	Year	Responsibilities / Duties	Position
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Why would you like to work at Tyndale Christian School?

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APPLICANT HEALTH INFORMATION

1. Please describe your general state of health

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2. Have you had any serious illness lately? Yes No

If yes, please give a brief outline

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.....

3. Are there any personal details relevant to your application which you wish to submit? Yes No

If yes, please describe these

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CHRISTIAN FAITH AND EXPERIENCE

Church

Are you involved in church activities?

Attending Church

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Present Minister's Name

Phone

Email

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.....

Address

Suburb State Post Code

If yes, please give details of your involvement and responsibilities

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Please provide the names of two persons (other than your minister) to whom reference can be made concerning your application. Please include their contact phone numbers, occupation and location.

Person 1	Person 2
Name.....	Name.....
Occupation.....	Occupation.....
Location.....	Location.....
Phone.....	Phone.....
Mobile.....	Mobile.....
Email.....	Email.....

Please provide a description of your personal religious faith. You may, if you wish, attach a more detailed explanation of your theological beliefs. Please include a paragraph on your understanding of reformed theology.

Set out briefly what you understand about Christian Education. You may, if you wish, attach a more detailed statement.

Please provide any other details that may be helpful. You may wish to emphasise particular interests, character traits, achievements or other issues you believe are relevant to the application. (Please attach extra information if necessary.)

Applicant's Signature

Date

Please Note: It is an offence under the Child Protection (Working with Children) Act 2012 (NSW) for a prohibited person to engage in 'child-related work' unless the person holds a current Working with Children Check clearance, or if they are subject to an interim bar. If you do not already have a Working with Children Check Clearance, you will be required to apply for one prior to your appointment. The School is required to verify your Working with Children Check Clearance by law. Your employment is conditional on you holding a clearance. You can apply for a WWCC number at www.kidsguardian.nsw.gov.au