

# Application for Employment



Applications **must** be submitted via the following email: [employment@dalecc.wa.edu.au](mailto:employment@dalecc.wa.edu.au) referencing the position title and include the following:

- Covering Letter
- Completed Application for Employment Form available from our website: <https://dalecc.wa.edu.au/employment/>
- Curriculum Vitae, including two referee contact details (**Personal & Current Line Manager - will not be contacted unless shortlisted**)
- Pastor/Minister Reference Letter
- Evidence of current **WWCC, National Police Clearance, TRBWA Registration (If applicable), Australian Citizenship, Permanent Residency** and **Academic qualifications and transcripts (certified)**

## PERSONAL INFORMATION

Position Applied for:	<input type="text"/>					
Title (Please circle)	Mr	Mrs	Miss	Dr	Other	<input type="text"/>
Surname:	<input type="text"/>					
First Name	<input type="text"/>					
Marital Status:	<input type="text"/>					
DOB:	<input type="text"/>					
Home Address:	<input type="text"/>					
	<input type="text"/>					
Postal Address:	Same as Above	<input type="checkbox"/>	<input type="text"/>			
Postcode:	<input type="text"/>	State:	<input type="text"/>			
Phone Number	<input type="text"/>	Email:	<input type="text"/>			
Residency Status:	Australian Citizen:	<input type="checkbox"/>	Permanent Resident:	<input type="checkbox"/>		
Passport Number (If applicable):	<input type="text"/>	Visa Number (If applicable):	<input type="text"/>			

## CHURCH DETAILS

Church you attend:	<input type="text"/>				
Denomination:	<input type="text"/>				
How Long have you attended your Church?	<input type="text"/>				
Address:	<input type="text"/>				
	<input type="text"/>				
Postcode:	<input type="text"/>				
Name of Pastor/Minister or Elder:	<input type="text"/>				
Contact Number:	<input type="text"/>				
Referee to your Christian Standing:	<input type="text"/>				
Contact Number:	<input type="text"/>				

**QUALIFICATIONS & REGISTRATIONS**

TRBWA (If applicable):

Expiry Date:

WWCC:

Expiry Date:

Do you hold a Senior First Aid Certificate?

Yes

No

Expiry Date:

If Yes, who do you hold the qualification with? Eg. St John's

Do you hold a current Driver's licence?

Yes

No

**EDUCATIONAL BACKGROUND**

- Attach copies of results completed and any current courses.
- If qualification is obtained from an Education Institution outside of Australia, please provide an Assessment of your qualification for the Western Australian Department of Training, Overseas Qualification Unit.
- If you have any more qualifications, please attach to this form

**COMPLETED TERTIARY COURSES**

<b>Degree/Course</b>	<b>University/Institute</b>	<b>Date Course Completed</b>

**CURRENT TERTIARY COURSES**

<b>Degree/Course</b>	<b>University/Institution</b>	<b>Due Date of Completion</b>

**EMPLOYMENT HISTORY**

**CURRENT EMPLOYMENT DETAILS**

Name of Employer:

Date Commenced:

Positions:

**PREVIOUS EMPLOYMENT DETAILS**

Name of Employer	Date Employed	Position Held	Reason for Leaving

**REFEREES**

**1.**

Name:

Position Held:

Relationship to Applicant:

Contact Number:

**2.**

Name:

Position Held:

Relationship to Applicant:

Contact Number:

## DISCLOSURE OF PERSONAL INFORMATION

Personal information collected and stored by the College is subject to the Privacy Act.

A copy of the Privacy Policy can be obtained from the College.

## ADDITIONAL INFORMATION

To the best of your knowledge and belief, are you of sound health? ***If No, please provide details in the space provided below***

Yes

No

## DECLARATION

- I undertake to support and accept the College Statement of Faith, Foundational Statements and Belief and the Educational goals of Dale Christian College WA.
- I declare the above statements to be true in all respects.
- I acknowledge that any statement that is found to be false or deliberately misleading will me me, if employed, liable for dismissal.

Signature:

Date Signed: