



## Employment Application Form *(please print)*

Position applied for: \_\_\_\_\_ Date: \_\_\_\_\_

Position type: Full time  Part time  Relief

How did you hear about this position?

LJBC Website  Seek  Word of Mouth  Christian Schools Australia

Other  *(please specify)* \_\_\_\_\_

### Personal Details

Gender: Male  Female  Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Title: Mr  Mrs  Ms  Miss  Other  \_\_\_\_\_

Surname: \_\_\_\_\_ First name: \_\_\_\_\_

Address: \_\_\_\_\_

Postcode: \_\_\_\_\_

Telephone Home  \_\_\_\_\_ Work  \_\_\_\_\_

Mobile  \_\_\_\_\_ Email  \_\_\_\_\_

*(Please tick the preferred method of contact)*

Are you an Australian Resident? Yes  No

If No, do you have a current Working Visa? Yes  No

If you are not an Australian Resident you are required to provide documentary proof of your legal entitlement to work in Australia.

Are you registered to teach in Western Australia? Yes  No

Teacher Registration Board of WA  
Registration No: \_\_\_\_\_ Category: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Do you hold a valid Working with Children Check card? Yes  No

WWCC card no: \_\_\_\_\_ Card expiry date: \_\_\_\_\_

You will be required to provide a current Department of Education and Training Police Clearance, no more than six months old. An application form can be downloaded from the College website.

### Medical history

Please specify any disability, serious illness or disease which may prevent you from performing the duties required of the position:

\_\_\_\_\_

Do you suffer from any back, neck, shoulder or knee complaints? Yes  No

If Yes, give details: \_\_\_\_\_

Are you required to take medication which may affect your work performance or attendance? Yes  No

How much time have you lost from work in the past three years due to illness? \_\_\_\_\_

Would you be willing to take a medical examination? Yes  No

Would you be willing to take an alcohol and other drug test? Yes  No

Have you ever claimed Workers' Compensation for injuries which may affect on your ability to perform the duties required of the position? Yes  No

If Yes, please give details: \_\_\_\_\_  
\_\_\_\_\_

**Important Notice: Section 79 of the Workers' Compensation and Injury Management Act 1981 States:**  
'Where it is proved that the worker has, at the time of seeking or entering employment in respect of which he claims compensation for an injury, wilfully and falsely represented himself as not having previously suffered from the injury an arbitrator may in the arbitrator's discretion refuse to award compensation which otherwise would be payable.'

**Employment Details**

Are you currently employed? Yes  No

Current employer: \_\_\_\_\_

Current position: \_\_\_\_\_ Length of service: \_\_\_\_\_

**Please provide details of previous employers in the last five years:**

Employer	Position held	Dates of Employment

**Please provide details of Tertiary Qualifications and Training:**

Degree, Diploma etc	Name of institution	Date completed

**Please list the names, position and contact details for three Professional Referees:**

Referee name	Company and position held	Contact no

**Please complete the following questions:**

Describe your spiritual journey to this point: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What has been your involvement with the Christian Church over the last five years: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If a student asked you the question: "What does it mean to be a Christian?" how would you answer them?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please attach your detailed Resume, together with all documentation as requested in the application process.

**Statement of Declaration**

**I declare that the information provided in the above Employment Application Form is true and accurate, and I acknowledge that any misrepresentation of facts is sufficient for dismissal.**

**Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_