

# Employment Application Form



1. Please complete this form and email to [jobs@mecs.vic.edu.au](mailto:jobs@mecs.vic.edu.au) along with your CV and cover letter.
2. The information supplied herein shall be treated in confidence and used by the school only in assessing the applicant's suitability for employment for the advertised position.

Please state what position you are applying for::

## Section 1: Personal Details

Title: Mr Mrs Ms Marital Status (optional)

Surname:

First Name:

Address:

Postcode:

Mobile:

Email:

### ***For teaching applications***

VIT Number:

Full

Provisional

### ***For non-teaching applications***

WWC Number/Expiry:

National Police Check:

Date:

## Section 2: Church Details (if applicable)

Church (& Denomination) you attend:

Name of referee for your Christian standing:

Phone (for referee):

Email (for referee):

## Section 3: Employment History

### ***Current Position (if applicable)***

Name of Employer:

Date Commenced:

Current Salary:

Years Experience:

Position Held:

### ***Previous Positions***

Name of Employer:

Position Held:

Date Commenced:

Date Ceased:

Reason for leaving:

Name of Employer:

Position Held:

Date Commenced:

Date Ceased:

Reason for leaving:

Name of Employer:

Position Held:

Date Commenced:

Date Ceased:

Reason for leaving:

## Section 4: Qualifications

*If possible please attach copies of results completed and progress on any current courses.*

### COMPLETED QUALIFICATIONS

Qualification:

Institution:

Date Complete:

Qualification:

Institution:

Date Complete:

Qualification:

Institution:

Date Complete:

### CURRENT COURSES

Qualification:

Institution:

Expected Completion Date:

### FIRST AID TRAINING

*Select relevant training (please provide copies of completion certificates and progress on any current courses).*

Apply First Aid

CPR

Anaphylaxis

Asthma

## Section 5: Referees

*Please provide the names and contact details for two Professional Referees.*

*Written references may be attached. Referees nominated by the applicant below will be contacted by telephone.*

### REFEREE ONE

Surname:

First Name:

Company Name:

Position Held:

Mobile:

Email:

## REFEREE TWO

Surname:

First Name:

Company Name:

Position Held:

Mobile:

Email:

## Section 6: Declaration

I declare that the details and information on this document are true, complete and correct to the best of my knowledge and I understand that any false or misleading statement will be sufficient cause to deny employment.

I **have** / **have not** had criminal convictions recorded against me since the date on my Working with Children Check;  
and there **are** / **are no** outstanding matters against me pending before a court. *(If yes, please provide details).*

I undertake to support and accept the MECS Association's distinctive form of Christian Education as expressed in the Educational Creed.

Full Name:

Date:



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