

# Application for a General Employee

## INSTRUCTIONS & APPLICANT CHECKLIST

- **Complete ALL Sections** in this application form; partially completed applications and/or applications without full supporting documents will **NOT** be processed.
- Applications must be emailed to [jobs@arm.catholic.edu.au](mailto:jobs@arm.catholic.edu.au) in **pdf format only**
- Supporting documents required to complete this application. **You are required to submit copies which have been verified as true copies of the original by one the following or originals (which will be returned):**
  - ✦ An authorised representative of the Catholic Schools Office, Armidale, or
  - ✦ A Principal of an Armidale Diocesan School, or
  - ✦ A Justice of the Peace.

<b>Qualifications &amp; Certificates</b>	Degrees, Diplomas or Certificates including First-Aid Certificate ( <i>if applicable</i> )
<b>Identification Documents</b>	<p>70 points #      Current passport <b>OR</b> full birth certificate <b>OR</b> Citizen Certificate  <b># Only one document for the 70 point list can be used</b></p> <p>40 points      Current driver photo licence issued by an Australian state or territory          Identification card issued to a student at a tertiary education institution</p> <p><b>The first item used from this list is worth 40 points, any additional items used are worth only 25 points each</b></p> <p>35 Points      A mortgage or other instrument of security held by a financial body          Council rates notice          Land Titles Office record</p> <p>25 Points      *Current credit card or account card from a bank, building society or credit union          *Current telephone, water, gas or electricity bill          Foreign driver's licence          Medicare Card          Lease/rent agreement <b>OR</b> rent receipt from a licensed real estate agent</p> <p><b>* No two documents provided may be issued by the same organisation.</b></p>
<b>100 points of identification required</b>	
<b>Additional Identification Requirements</b>	<p>For nonresidents – a certified copy of your passport <b>must</b> be supplied</p> <p>Marriage Certificate or Change of Name Certificate (if <b>any</b> documents are submitted in a previous name)</p> <p>Evidence of residency status e.g.: naturalisation certificate (if applicable)</p>



# Application for a General Employee Position

**Catholic Schools Office**  
2/131 Barney Street  
PO Box 636  
ARMIDALE NSW 2350

Email: [jobs@arm.catholic.edu.au](mailto:jobs@arm.catholic.edu.au)

**SECTION 1: PERSONAL DETAILS**

Title (Mr Mrs Ms Miss Dr):	<b>Previous Names (please list all):</b>
Surname:	Surname/s:
First Name:	First Name/s:
Middle Name/s:	Middle name/s:
Religion:	Residential Address:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Marital Status:	
Phone:	
Mobile:	Postal Address: (if different from residential)
Email:	
Date of Birth:	
Place of Birth: (City, State, Country)	Australian Resident: <input type="checkbox"/> Yes <input type="checkbox"/> No
If NO, Visa Status:	
Country of Citizenship:	
Are you of Aboriginal or Torres Strait Islander origin?	
<input type="checkbox"/> No <input type="checkbox"/> Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both Aboriginal & Torres Strait Islander	

**SECTION 2: WORKING WITH CHILDREN CHECK NUMBER**

<b>WWC</b>	Expiry Date:
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**SECTION 3: TERTIARY EDUCATION & RELEVANT TRAINING**

Qualification	Date



**SECTION 6: BACKGROUND CHECKING**

You are applying for child-related employment and there is a range of background checking requirements. Prohibited persons are not eligible to apply.

1. Have you ever been convicted of an offence that would **bar** you from child related work?  Yes  No

If yes, please provide details.

2. Are you currently subject to any criminal proceedings that may impact your ability to engage in child related work?  Yes  No

If yes, please provide brief details.

3. Have you ever had a Working With Children Check (WWCC) clearance revoked **or** cancelled **or** been the subject on an interim bar in NSW **or** any other Australian State or Territory?  Yes  No

If yes, please provide brief details.

3. Have you **ever worked in NSW**?  Yes  No

**If you answered yes**, have you ever been subject to an allegation of 'reportable conduct' (sexual offence/misconduct, assault, ill treatment, neglect or psychological harm of a child)?

Yes  No

If yes, please provide brief details.

4. Have you **worked outside of NSW**?  Yes  No

**If you answered yes**, have you ever been the subject of a serious allegations regarding harm to a child that resulted in notification to a statutory authority under the local child protection legislation?

Yes  No

If yes, please provide brief details.

5. Have you ever been the subject of an Apprehended Violence Order (AVO) that was made for the purpose of protecting a child or young person from harm?  Yes  No

If yes, please provide brief details.

6. Have you been convicted of any criminal offence?  Yes  No

If yes, please provide brief details.

7. Have you ever been the subject of a **complaint, allegation or investigation** that related to a breach of an employer's policy?  Yes  No

If yes, please provide brief details, including dates.

8. During the last 5 years have you ever been the subject of **performance management, performance counselling, performance improvement plan or disciplinary proceedings** in relation to your employment?  Yes  No

If yes, please provide details.

9. Do you have any illness, injury or impairment that may impact on your capacity to perform the inherent requirements of the position, or that may be aggravated by the duties of this position?  Yes  No

If yes, please provide details.

10. Have you a Worker's compensation illness or injury that would render you unable to perform the inherent requirements of the position, or that may be aggravated by the duties of this position?  Yes  No

If **yes**, please provide details, including dates

11. Have you ever been rejected or deferred as medically unfit for employment or medically retired from employment?  Yes  No

If yes, please provide details, including dates.

12. Is there any other information regarding your health history that may need to be known when considering your application for employment?  Yes  No

If yes, please provide details.

**SECTION 9: DECLARATION BY APPLICANT**

I certify that the information provided in this application form is complete and correct in every detail, and that there is no reason for the employer to believe I am not suitable to work in child related employment and I understand that deliberate inaccuracies or omissions may result in non-acceptance of my application and/or termination of employment.

I understand that if further medical information is required I may be asked to give written authorisation for the Catholic Schools Office to seek relevant medical information. If this is requested and it is determined that I do not meet the requirements of the position on medical grounds, then the appointment may not proceed.

I understand that the Catholic Schools Office reserves the right to contact any previous employer and/or internship /practicum supervisor, other than the nominated referees provided, to furnish a confidential report on my performance. I am aware that background checking processes will be conducted and the existence of a criminal record or other relevant record may affect my employment prospects.

I agree to the Catholic Schools Office communicating with me by email or other electronic means and am responsible for keeping the Catholic Schools Office updated on any change of my contact details.

<b>Applicant's Signature:</b>	
<b>Date:</b>	