



EMPLOYMENT APPLICATION FORM

Position/s applied for:	<input type="checkbox"/> Childcare <input type="checkbox"/> Customer Service <input type="checkbox"/> Gym – Certificate IV Fitness Minimum (Certificates attached) <input type="checkbox"/> Group Fitness Instructor (Certificates attached) <input type="checkbox"/> Swim Instructor – Austswim (Certificate attached)
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The following items are compulsory

Working with Vulnerable People (Copy attached)	Reg'n No: Expiry Date:
Police Check, current within the last 12 months (Copy attached)	
First Aid (Certificate attached) CPR (Certificate attached)	Expiry Date: Expiry Date:

Section A: Personal Details	
Surname <i>(Block Letters)</i>	
Other Names	
Home Address & Postcode	
Postal Address & Postcode	
Telephone	Home: _____ Mobile: _____
Email	

Nationality/ Residency Status	
Health	General state of health:
	Have you had or do you have any medical or other condition which may affect your ability to perform the duties of the position on an ongoing basis? <i>Yes / No</i>
	If yes, please provide details:
Availability Days/Times	
Preferred working hours	<input type="checkbox"/> Casual – No of hours/Week: _____ <input type="checkbox"/> Part-time – No of hours/Week: _____ <input type="checkbox"/> Full time

Referees

State the name, occupation and address of three persons to whom reference may be made in regard to character and professional competency – one of these persons must be a recent employer.

1.	<i>Name</i>	
	<i>Occupation</i>	
	<i>Address</i>	
	<i>Telephone</i>	
2.	<i>Name</i>	
	<i>Occupation</i>	
	<i>Address</i>	
	<i>Telephone</i>	
3.	<i>Name</i>	
	<i>Occupation</i>	
	<i>Address</i>	
	<i>Telephone</i>	

Declaration

I have advised my referees that they have been included on my application for this position and they have agreed to discuss my application with a member of the selection panel.

I certify that the information on this form is complete and correct in every detail and I understand that deliberate inaccuracies or omissions may result in non-acceptance of this application and/or termination of employment.

Signature:

Date:

Please return completed application form with attached application and relevant documentation to:

Nelson File
Principal, The Friends' School
PO Box 42
NORTH HOBART TAS 7002

Telephone: 03 6210 2200 Email: principal@friends.tas.edu.au

Privacy Notice

1. In applying for this position you will be providing The Friends' School with personal information. We can be contacted at PO Box 42 North Hobart, Tasmania, 7002; by telephone on 03 6210 2200 or email enquiries@friends.tas.edu.au.
2. If you provide us with personal information, for example your name and address or information contained on your resumé, we will collect the information in order to assess your application.
3. You agree that we may store this information for up to 12 months.
4. You may seek access to your personal information that we hold about you if you are unsuccessful for the position. However, there will be occasions when access is denied. Such occasions would include where access would have an unreasonable impact on the privacy of others.
5. We will not disclose this information to a third party without your consent.
6. We will ask you to provide us with proof of Working with Vulnerable People and a Police Check to collect information regarding whether you are or have been the subject of an AVO and certain criminal offences before confirmation of any employment offer.
7. If you provide us with the personal information of others, we encourage you to inform them that you are disclosing that information to the School and why; that they can access that information if they wish; that the School does not usually disclose the information to third parties and that we may store their information for 12 months.