



EMPLOYMENT APPLICATION FORM

POSITION APPLYING FOR*

PERSONAL INFORMATION*

Title: _____ First Name: _____ Surname: _____

Mobile: _____ Email: _____

Address: _____ Suburb: _____

Postcode: _____ DOB: _____

RECENT EMPLOYMENT*

Current or most recent employer: _____

Position: _____

Dates of Employment Start Date: _____ End Date: _____

Reason for Leaving: _____

TERTIARY EDUCATION

Qualification: _____ Date completed: _____

Qualification: _____ Date completed: _____

COMPLIANCE REQUIREMENTS*

Current RRHAN (Full Certification) Yes No Working with Children Check Yes No

Current Teacher Registration Yes No

DECLARATION*

Do you have any physical disability, medical condition, or any other condition which may affect your ability to perform the essential requirements of this role? Yes No

Have you ever been charged with a criminal offence? Yes No

Have you ever been dismissed, disciplined or resigned from any employment following allegations that you were involved in improper conduct with a student or child? Yes No

I declare that the answers to the above are to the best of my knowledge true and correct in every way. I understand that any inaccurate or false declaration made by me in this application may result in the withdrawal of an offer of employment, disciplinary action, or possible dismissal.

ALL SECTIONS MARKED WITH AN * MUST BE COMPLETED.

**Please email this completed form, a covering letter and your resume to:
Mrs Shannon Warren, Principal via email employment@woodcroft.sa.edu.au**

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