John Wollaston
ANGLICAN COMMUNITY SCHOOL
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EMPLOYMENT APPLICATION FORM TEACHING POSITIONS

(This form must be completed by the Applicant and returned with letter of application and Curriculum Vitae)

Position applied for:	
Title: *(Please circle)* **Mr / Mrs / Ms /Miss/ Dr / Other**	
First Name:	**Surname:**
Address: **P/Code:**	
Date of Birth:	**Home Telephone:**
Mobile Telephone:	**Email Address:**

QUALIFICATIONS (Post-Secondary Only) *Please attach certified copies of Certificates.*

From Month/Year	To Month/Year	Qualification and Educational Institution

Teacher's Registration Board of WA (TRBWA)	**Membership Expiry Date:**
Membership Number:	**Financial Expiry Date:**
Working With Children Check (WWCC)	
Notice Number:	**Expiry Date:**
Please attach proof of TRBWA membership and a certified copy of WWCC card.	

EXPERIENCE *Please attach a Statement of Service from your current employer.*

From Month/Year	To Month/Year	Current Position	Employer	Full-Time/ Part-Time	FTE if Part-Time
From Month/Year	**To Month/Year**	**Previous Position/s**	**Employer**	**Full-Time/ Part-Time**	**FTE if Part-Time**

MEDICAL INFORMATION	
Do you have a pre-existing injury or medical condition/disability that would affect your ability to perform the duties of this position?	**Yes or No**
If so, please provide details of the injury or medical condition/disability, and any current restrictions it may have on your ability to perform the duties of this position.	

Signature: _____ **Date:** _____

CERTIFICATION INFORMATION

Copies of your documents should be certified as a true copy by a person included in the following list:

1. A town shire clerk
2. A councillor of a municipality
3. An electoral registrar
4. A person appointed to take charge of a Post Office in the State
5. An officer of the State or Commonwealth public service
6. A teacher
7. A member of the police force
8. A person appointed to take charge of the head or any branch office in the State of a bank or building society or credit union
9. A lawyer
10. A registered medical practitioner
11. A pharmacist
12. A member of the academic staff of an institution providing courses at post-secondary education level
13. A holder of a licence under the Real Estate and Business Agents Act 1978 or the Settlement Agents Act 1981
14. An insurance broker registered under the insurance (agents and Brokers) Act 1984 if the Commonwealth
15. A Justice of the Peace
16. A minister of religion (not a civil celebrant)
17. A member of either House of Parliament of the State or of the Commonwealth

The example format for certifying documents is as follows:

CERTIFIED TRUE COPY OF ORIGINAL

Signature: _____

Name: _____

Occupation: _____

Date: _____