



Application for Employment Form – Academic staff

Application For:

(Position)

Section 1: Applicant Personal Details

Surname _____ Title _____ Given names _____

Address _____ Postcode _____

Telephone Home: _____ Alternative contact number: _____

Email: _____ Mobile: _____

Residency status: _____

Do you have a Police Name Check not more than 12 months old? **No / Yes** If yes please specify date: _____

(You will be required to have the satisfactory result of this document prior to taking up employment with MGGG.)

Victorian Institute of Teaching Registration Number: _____ Expiry Date: _____

Certified copies of qualifications (including academic results) and current Teacher Registration will be required if you are asked to attend an interview.

Section 2: Educational Qualifications

Please list any qualifications, the Institution, date completed – chronological order

(attach a separate sheet if there is insufficient space.)

Qualification and Type	Name of Institution	Majors	Year commenced	Year completed	Years attended

Section 3: Teaching Employment History

Teaching service (Documentary evidence must be provided. Attach a separate sheet if there is insufficient space)

Employer	State/ Independent	Work Status F/P/T/C	Employed From (Actual Date)	Employed To (Actual Date)



Section 4: Other Employment History
(Documentary evidence must be provided)

Employer	Position	Work Status F/P/T/C	From	To

Final practice-teaching location: _____
(Recent graduates only)

Section 5: Referees
(A minimum of 3 Referees are required)

Name	Type of Reference (personal/professional)	Position Title	Company	Phone numbers

Section 6: Memberships of Organisations
(Professional, Religious, Cultural, Social, Sporting etc)

Section 7: Current Salary Scale _____

Section 8: Other Information
How did you find out about this opportunity?: Please indicate _____

Section 9: Applicant's Declaration
I certify that the information contained in this application is a true and correct statement of my particulars, qualification, training, experience and competencies. I understand that statements found to be false within my knowledge may make me liable for immediate dismissal.

Signature : _____ **Date:** _____

PLEASE INCLUDE THIS FORM WITH YOUR APPLICATION