



The Association of Independent Schools of NSW Employment Application Form

Respect | Collegiality | Professionalism | Integrity

This job application form **MUST** be completed when applying for positions with AISNSW.

It is an offence under the Commission for Children and Young People Act 1998 (NSW) for persons convicted of a serious sex offence to apply for a position at AISNSW. Preferred applicants will be subject to employment screening.

| | | | |
|--------------------------------|--|---------------|--|
| Part A: Vacancy Details | | | |
| Position Title: | | | |
| Job Ref. No.: | | Closing Date: | |

| | | | | | | |
|---|------------------------------|-------------------------------|------------------------------|--------------------------------|------------------------------|--------|
| Part B: Applicant Details | | | | | | |
| Title: | <input type="checkbox"/> Mr. | <input type="checkbox"/> Mrs. | <input type="checkbox"/> Ms. | <input type="checkbox"/> Miss. | <input type="checkbox"/> Dr. | Other: |
| Full Name: | | | | | | |
| Address: | | | | | | |
| Suburb: | | State: | | Postcode: | | |
| Mobile Number: | | | Home Phone: | | | |
| Work Number: | | | Email Address: | | | |
| Citizenship: | | | | | | |
| If you are not an Australian citizen, please provide the following information: | | | | | | |
| Type of Visa: | | | Expiry Date: | | | |
| Visa Number: | | | Work Eligibility: | <input type="checkbox"/> YES | <input type="checkbox"/> NO | |
| Working with Children | <input type="checkbox"/> NO | <input type="checkbox"/> YES | WWCC NO. | | | |
| Current Driver's License | <input type="checkbox"/> NO | <input type="checkbox"/> YES | NESA Accreditation | <input type="checkbox"/> NO | <input type="checkbox"/> YES | |

How did you become aware of this position?

| | | | |
|---|---|--|------------------------------|
| <input type="checkbox"/> AISNSW Website | <input type="checkbox"/> LinkedIn | <input type="checkbox"/> Employee Referral | <input type="checkbox"/> SMH |
| <input type="checkbox"/> Seek.com | <input type="checkbox"/> Recruiter Agency | <input type="checkbox"/> Other - please specify: | |

Part C: Relevant Education, Qualifications and Training

| Institution and country if not Australia | Course / Qualification / Level Achieved | Year started | Year completed |
|--|---|--------------|----------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

Part D: Relevant Employment History

| Employer / Organisation Country if not Australia | Position Title / Description / Responsibilities | Month & year started | Month & year ended |
|---|---|----------------------|--------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| | | |
|---|-----------------------------|--|
| Part E: Additional Information (optional) e.g. other qualifications or training or certificates | | |
| Other secondary employment | <input type="checkbox"/> NO | <input type="checkbox"/> YES please give brief details |
| Fluency in a language other than English | <input type="checkbox"/> NO | <input type="checkbox"/> YES please list language(s) |
| Personal Interests | | |

| | |
|---|---|
| Part F: Referee Details | Referees will be contacted after interview, with applicant's approval. One referee must be related to employment in a supervisory role. |
| Name: | |
| Organisation: | |
| Contact details: | |
| Relationship to you (e.g. Supervisor, Manager) | |
| Permission to Contact: | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| Referee Details | |
| Name: | |
| Organisation: | |
| Contact details: | |
| Relationship to you (e.g. Supervisor, Manager) | |
| Permission to Contact: | YES <input type="checkbox"/> NO <input type="checkbox"/> |

Part G: Please address here how you are able to meet the specific selection criteria and /or role description

A large, empty rectangular box with a thin black border, intended for the applicant to provide their response to the selection criteria and role description.



| |
|--|
| Part H: Applicant Declaration |
| <input type="checkbox"/> I certify that the information I have provided is true and correct. |
| Name: |
| Signature: |
| Date: |

| |
|----------------------|
| <u>HR USE ONLY</u> |
| Date Received: |
| Acknowledged: |
| Internal / External: |