



Covenant Christian School

ABN 80 161 716 452
CRICOS No. 02943C

1 Woodcock Drive
Gordon ACT 2906

PO Box 1067
Tuggeranong 2901

Phone: 02 6294 2455

www.covenant.act.edu.au
admin@covenant.act.edu.au

Support Staff Application Form

POSITION

Position	Start date	Advertised in
Requested Workload (FT/PT/Casual)	Days per week	How did you hear about Covenant Christian School?

APPLICANT'S PERSONAL DETAILS

Surname & Title				Title
Christian names				
Home address	Street and No.			
	Suburb/Town		State	Postcode
Postal address (if different)	Suburb		State	Postcode
Phone (home)				
(work)				
(mobile)				
Email address				
Date & place of birth	Date		Place	
Nationality				
Residency Status (if applicable)				
Postal address (if different)				
Marital Status			Maiden Name (if applicable)	
Spouse's Name (if applicable)			Maiden Name (if applicable)	
Children (if applicable)	Boys.....	Girls.....	Age(s)	
General health Please make a general comment on your health. Applicants selected for interview may be required to provide a medical certificate.				

REASON FOR APPLICATION (A short explanation as to why you are making application for work in this particular Christian school.)

CHURCH AFFILIATION AND INVOLVEMENT

Denomination		
Congregation		
Member	Yes / No	Years of Membership:
Pastor / Minister		
Church involvement		
Briefly describe your Christian commitment and church involvement over the past two years.		

EDUCATIONAL BACKGROUND AND WORK EXPERIENCE

Qualifications (if any)	Institution	Degree/Diploma/Certificate	Year
	Institution	Degree/Diploma/Certificate	Year
	Institution	Degree/Diploma/Certificate	Year
	Institution	Degree/Diploma/Certificate	Year
Membership of professional associations	Institution		
	Institution		
Union Membership (if applicable)			

WORK HISTORY DETAILS (from most recent)

Position	Organisation	From	To	Workload FTE	Reason for leaving

REFEREES (Please provide details of three referees who can attest to your character and / or competency for this **support staff** position.)

Character - Pastor/Elder

Name			
Address	Street and No.		
	Suburb/Town	State	Postcode
Home phone		Work phone	

Professional - Supervisor

Name			
Address	Street and No.		
	Suburb/Town	State	Postcode
Home phone		Work phone	

Name			
Address	Street and No.		
	Suburb/Town	State	Postcode
Home phone		Work phone	

PARTICULAR AREAS OF INTEREST (sport, music, language etc)

Area of Interest	Qualifications and/or experience

PROFESSIONAL DEVELOPMENT What books (Christian or otherwise) have you read recently?
(Please asterisk those which have been most influential in your own thinking)

1	
2	
3	
4	
5	

ADDITIONAL INFORMATION (Please submit the following two documents with your application form - please circle one option.)

a. A statement briefly addressing each of the selection criteria is enclosed:	Yes / No
b. A copy of my curriculum vitae (CV) is attached:	Yes / No
c. A letter from your Pastor or an Elder testifying to your active involvement in the life of your church (including regular attendance at worship services).	Yes / No

APPLICANT'S STATEMENT (To be read and signed by applicant)

I, _____
 Full name of applicant (please print)

- 1 have truthfully answered all the questions in this application form;
- 2 give my consent to a representative of Covenant Christian School to contact the referees nominated and any previous employer regarding this application;
- 3 agree to provide a current medical certificate if requested, should my application be successful;
- 4 give my consent to the School to request a police report should my application be successful; and
- 5 give / do not give consent for my application to be kept on file for consideration for other positions should I not be successful in gaining the one applied for in this application.

 Signature of applicant

 Date

FOR OFFICE USE ONLY

Date received	..... / ..... / 20	Letter of offer sent	..... / ..... / 20
Letter of acknowledgement sent	..... / ..... / 20	Starting date	..... / ..... / 20
Call for preliminary interview	Yes No	Application held over	Yes No
Preliminary interviewed	..... / ..... / 20		
Formal interview	..... / ..... / 20	by: / /	
Referees contacted	Name:	Position:	Date:
	1.		..... / ..... / 20
	2.		..... / ..... / 20
	3.		..... / ..... / 20