

Application Form (non-teaching position)

This form is to be completed, saved electronically and sent as a PDF to employment@fahan.tas.edu.au

| Personal Details | | | | |
|---|--------------|--------------|-------------------------|---------------------------|
| Title: Given Names: | | Surname: | | |
| Address: | | | | Postcode: |
| Telephone [Bus.Hrs |]: | [After Hrs]: | [Mobile]: | |
| Email: | | | | |
| Date of Birth: | Country of B | irth: | Do you have perman | ent Australian residency: |
| Valid Working with Vulnerable Persons Registrat | | on Number: | or I do not have a WWVP | |
| Do you hold a current Tasmanian Driver's Licence: | | | | |
| Additional licences/certificates if applicable: | | | | |
| Criminal Convictions An applicant who has had any criminal conviction must give brief details of the conviction below. It should be noted that criminal convictions only refer to matters of a criminal nature. It does not include matters such as minor traffic breaches. Date Brief details of any criminal conviction | | | | |
| | | | | |
| | | | | |
| Declaration: | | | | |
| I declare that all of the above personal details are correct and that documentary evidence for all qualifications claimed is available. I acknowledge that all successful applicants are required to provide and satisfy a national police check, evidence of holding a valid Working with Vulnerable Persons Registration and further workplace health and safety disclosures prior to any appointment. The referees I have supplied may be contacted to discuss my application for this role. | | | | |
| | | | | |
| Signed: | | Date: | | |
| | | | | |
| Referees: List three professional referees, one of which is to be your current employer. | | | | |
| 1. Name: | | | | |
| Address: | | | | Postcode: |
| Business Hrs Teler | phone No: | | After Hrs Telephone No: | rosicoue. |
| Association with Applicant: | | | | |
| 7 (350 clation with) | тррпсанс. | | | |
| 2. Name: | | | | |
| Address: | | | | Postcode: |
| Business Hrs Telep | phone No: | | After Hrs Telephone No: | |
| Association with Applicant: | | | | |
| | | | | |
| 3. Name: | | | | |
| Address: | | | | Postcode: |
| Business Hrs Telep | phone No: | | After Hrs Telephone No: | |
| Association with A | Applicant: | | | |
| | | | | |