STAFF APPLICATION FORM

1. Full Name: _____

2. Address: _____

_____ Postcode: _____

3. Phone: (H) _____ (W) _____

4. Position for which applying: _____

Please provide the following information, where applicable.

UNDERSTANDING OF CHRISTIAN EDUCATION

1. What is your understanding of the purpose of Christian education?

_____

_____

_____

_____

2. What is your view of the Bible?

_____

_____

_____

3. Please give examples, where possible, of how your faith impacts on your current role in the workforce.

_____

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_____

_____

CHRISTIAN BACKGROUND

1. Any Church affiliation and involvement.

_____

_____

_____

_____

2. Your understanding of the relevance of Jesus Christ to you personally and to the world today.

_____

_____

_____

_____

GENERAL

Please list any areas of expertise and/or experience that relate directly to the Position Description. You may want to elaborate on these in attached documentation.

_____

_____

_____

Are there any particular interests or abilities that would enhance your contribution to this position?

_____

_____

_____

Are there any facts, limitations or problems of which we should be aware, which may impact on your ability to perform your role in a satisfactory manner?

YES/NO If "YES" please specify:

_____

_____

_____

HEALTH

Under the Tasmanian Workplace Health & Safety Act 1995 the Association is obliged to ensure that you are not placed in a position of employment that may be detrimental to your health and well-being. Please complete the following information taking into consideration the nature of the work associated with the position for which you are applying.

Please list details of pre-existing illnesses, complaints, conditions or injuries that may be affected by the nature of the work. If you have pre-existing illness, complaints, conditions or injuries please provide details of how this will affect you as you carry out your duties.

_____

_____

_____

List details of previous workers compensation claims made in relation to illnesses, conditions or injuries that may be affected by the nature of the work.

Date of claim	Description of illnesses, conditions, injuries, etc.	Date claim finalised

As part of the selection process you may be required to undergo a pre-employment health assessment by a Medical Practitioner/ Health Service provider of our choice.

DECLARATION

I declare all the information in this application to be true and correct in every respect.

Signature of applicant: _____ Date: _____