

# ST JOHN'S COLLEGE



## POSITION APPLICATION FORM for TEACHERS

Full name \_\_\_\_\_  
(surname) (Names)

Address : \_\_\_\_\_

Contact Phone numbers : Wk \_\_\_\_\_ Home : \_\_\_\_\_

E-mail \_\_\_\_\_

Teacher Registration No. \_\_\_\_\_ Expiry Date : \_\_\_\_/\_\_\_\_/\_\_\_\_

### PREVIOUS EXPERIENCE

Chronological CV attached. (detailing your experience) YES / NO

Functional CV attached. (Relating your skills and achievements to the Key Performance Areas, set out in the job description).  
(The Functional CV is optional) YES / NO

### CATHOLIC CHARACTER

"The Character of a Catholic School" form is attached acknowledging the commitment to "Special Character". YES / NO

### REFEREES (3)

1. Name \_\_\_\_\_

Address \_\_\_\_\_

Contact Phone numbers \_\_\_\_\_

Position/Relationship \_\_\_\_\_

2. Name \_\_\_\_\_

Address \_\_\_\_\_

Contact Phone numbers \_\_\_\_\_

Position/Relationship \_\_\_\_\_

3. Name \_\_\_\_\_

Address \_\_\_\_\_

Contact Phone numbers \_\_\_\_\_

Position/Relationship \_\_\_\_\_

## CONVICTIONS

Have you ever been charged with a criminal offence or had any Disciplinary or competency procedures against you? If so, was any adverse finding made against you ?

**YES / NO**

Detail these convictions \_\_\_\_\_  
\_\_\_\_\_

Is there any other reason why you should not be employed to work with Board of Trustees, or in the education environment ?

**YES / NO**

Please provide details \_\_\_\_\_  
\_\_\_\_\_

### **Please Note :**

- a) You may be asked to provide a copy of the relevant Court record(s) obtainable from the Police.
- b) Failure to provide correct and true details of any conviction or reason for possible unsuitability will make you liable to dismissal from the employment of the St John's College Board of Trustees, should you be the successful applicant.

## PREVIOUS EMPLOYERS

I agree to the references / referees provided to the St John's College Board of Trustees, in respect of my application for the position of \_\_\_\_\_  
\_\_\_\_\_

being used for the purposes of considering my suitability for the position.

I also agree that the Board may make further verbal or written inquiry from the referees provided and from any employer(s), past or present, who may not be listed as referees.

## HEALTH

- Please describe any injury or illness that you have had that may affect your ability to effectively carry out the duties and responsibilities of the position.  
\_\_\_\_\_  
\_\_\_\_\_

- Do you have any other known condition that may affect your ability to carry out the duties and responsibilities outlined in the job description ?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

• Do you smoke ? **YES / NO**

• Do you have allergic reactions ? **YES / NO**

Please provide details \_\_\_\_\_  
\_\_\_\_\_

• Do you agree to an appropriate medical examination if required by the Board of Trustees ? **YES / NO**

• Have you ever experienced any overuse injury symptoms, eg. numbness, pins and needles, pain, weakness ? **YES / NO**

Please provide details \_\_\_\_\_  
\_\_\_\_\_

• Have you ever had time off work for a back injury ? **YES / NO**

Please provide details \_\_\_\_\_  
\_\_\_\_\_

I understand that any false information given in relation to my medical history may result in my loss of entitlement for any compensation from ACC or the Board's workplace accident insurer.

**Signed :** \_\_\_\_\_

## **DECLARATION**

I, \_\_\_\_\_ (full name) declare that to the best of my knowledge and belief, the answers in this Application Form and the information provided in my Curriculum Vitae are correct and I understand that if any false or misleading information is given, or any material information suppressed, I will not be employed or if I am employed, my employment will be terminated immediately.

**Signed :** \_\_\_\_\_ **Dated :** \_\_\_\_\_