

To support your application, please complete this form and email to hr@mic.qld.edu.au

APPLICATION FOR EMPLOYMENT

NOTE: It is important to complete all sections (as applicable). Incomplete applications could result in your application not being given due consideration.

POSITION DETAILS

Date of Application:

Position Title:

How did you first become aware of the position?

SEEK MIC Website Other: (Please specify): _____

PERSONAL DETAILS

Title: Mr Mrs Miss Ms Dr Other (Please specify) _____

Surname:	Previous Surname: (If applicable)
Given Name:	Preferred Name:
Postal Address: _____ _____ _____ _____	Residential Address: (If different from postal) _____ _____ _____ _____
Home Ph Number:	Mobile Phone Number:
Email Address:	

WORK RIGHT AND IDENTIFICATION DETAILS

Have you been previously employed at MIC?: Yes No

If yes please provide details:

Are you an Australian Citizen or Permanent Resident of Australia?: Yes No

Do you hold a valid visa to work in Australia? Yes No

If 'Yes' please provide details:

Expiry Date: _____

For Teaching Positions

Are you currently registered or eligible for registration with the Queensland College of Teachers?

Yes No Please provide teacher your registration number: _____

Do you hold a current Apply First Aid Certificate? Yes No

If yes Certificate Issue Date: _____

For Non-Teaching Positions

Do you hold a current Blue Card / Working with Children Check? Yes No

If Yes, Blue Card Number: _____ Expiry Date: _____

QUALIFICATIONS

(Listed below in chronological order, starting with the most recent)

Qualification 1

Qualification Type: _____ Qualification Title: _____

University / Institution: _____ Country: _____ State: _____

Subject Specialisation:

Duration of Study: _____ Graduating Year: _____

Additional Details/Comments:

Qualification 2

Qualification Type: _____ Qualification Title: _____

University / Institution: _____ Country: _____ State: _____

Subject Specialisation:

Duration of Study: _____ Graduating Year: _____
Additional Details/Comments: _____ _____ _____ _____
Qualification 3
Qualification Type: _____ Qualification Title: _____
University / Institution: _____ Country: _____ State: _____
Subject Specialisation: _____ _____ _____ _____
Duration of Study: _____ Graduating Year: _____
Additional Details/Comments: _____ _____ _____ _____

Qualification 4

Qualification Type: _____ Qualification Title: _____

University / Institution: _____ Country: _____ State: _____

Subject Specialisation:

Duration of Study: _____ Graduating Year: _____

Additional Details/Comments:

PROFESSIONAL ASSOCIATION MEMBERSHIPS AND PROFESSIONAL DEVELOPMENT

Do you hold any relevant Professional Association memberships? Yes No

If yes, please provide details:

Have you received any relevant awards, written publications or conference presentations?

Yes No if yes, please provide details:

Describe briefly the most significant professional development activities that you have undertaken which are relevant to this position:

EMPLOYMENT HISTORY

(Listed below in chronological order, starting with the most recent)

Employer 1

Name of Employer:

Position Held:

Type of Role: _____ **From Date:** _____ **To Date:** _____
(Full time/part time etc.)

Department/Faculty:

Additional Relevant Information:

Employer 2

Name of Employer:

Position Held:

Type of Role: _____ **From Date:** _____ **To Date:** _____
(Full time/part time etc.)

Department/Faculty:

Additional Relevant Information:

Employer 3

Name of Employer:

Position Held:

Type of Role: _____ **From Date:** _____ **To Date:** _____
(Full time/part time etc.)

Department/Faculty:

Additional Relevant Information:

Employer 4

Name of Employer:

Position Held:

Type of Role: _____ **From Date:** _____ **To Date:** _____
(Full time/part time etc.)

Department/Faculty:

Additional Relevant Information:

HOBBIES AND INTERESTS

Do you have any skills / hobbies / special interests relevant to the position? Yes No

If yes, please provide details:

Are you involved / interested in any student-related extracurricular activities? Yes No

If yes, please provide details:

REFEREE DETAILS (Please provide details of three professional referees)	
Referee 1	
Name:	Organisation:
Position:	Contact Number:
Email Address:	
Why did you choose this person? _____	
Referee 2	
Name:	Organisation:
Position:	Contact Number:
Email Address:	
Why did you choose this person? _____	
Referee 3	
Name:	Organisation:
Position:	Contact Number:
Email Address:	
Why did you choose this person? _____	

STATEMENT OF CLAIM

Please provide a summary below of why you have chosen Montessori International College as a prospective employer and how you meet the requirements of the position. It is important to provide examples of relevant skills, experience and achievements that will effectively demonstrate your competence and ability to successfully achieve the key outcomes / responsibilities of the position. Should you be shortlisted for an interview, please consider bringing the relevant necessary evidence to support this to present at the interview.

APPLICATION CHECKLIST

If a job offer is made following the interview, copies of the documents below will need to be provided to the Human Resources Department. Please check each box below (as applicable) to indicate that this has been noted.

For Teaching Positions

- Proof of name change (if applicable)
- Proof of Identity (passport copy or birth certificate)
- Visa / Work Permit (If not an Australian citizen or permanent resident of Australia)
- All qualification such as academic records / transcripts and certificates
- Certificate of Teacher Registration from the Queensland College of teachers or the Eligibility for registration
- Apply first aid certificate
- Statement of service (required for classification and salary purposes), are to be provided on an original or certified copy of an original document; on the letterhead of the organisation, detailing the information below:
 - Position held
 - Exact commencement and cessation dates of employment
 - FTE full time / FTE part-time (hours worked per week) / Casual relief (total number of hours worked)
 - Commencement and cessation dates of an unpaid leave; if no leave without pay was taken, the statement must show nil leave taken.

Note: For private / independent school experience, please provide the school calendar dates related to the year of experience.

For Non-Teaching Positions

- Proof of name change (if applicable)
- Proof of Identity (passport copy or birth certificate)
- Visa / Work Permit (If not an Australian citizen or permanent resident of Australia)
- All qualification such as academic records / transcripts and certificates
- Blue Card / Working with children check or the eligibility to apply

APPLICATION COMPLETION

Prior to submitting your application, please check each box to indicate that you have;

- Completed all sections of this form (as applicable)
- Noted the necessary documents to be provided to the Human Resources Department, should you be made a job offer following the interview.
- Attached / Uploaded the Montessori International College application for employment along with your current resume and other supporting documents.

APPLICATION DECLARATION

- I declare that, to the best of my knowledge, the information that I have provided in this form is true and accurate at the time of submission. I agree to notifying the Montessori International College of any changes to this information as they occur
- I acknowledge that the provision of incorrect information or withholding of relevant information may result in the withdrawal of an offer of employment.
- I consent to the Montessori International College undertaking the necessary background checks including work rights, QCT registration and professional reference checks prior to making a job offer.

Applicant Signature: _____ Date: _____

ACKNOWLEDGEMENT

Thank you for considering Montessori International College as a prospective employer, and for taking the time to complete and submit your application.