



St Francis Xavier Primary School

Geraldton Western Australia 6530

Relief Teacher/Teaching Assistant/Administration/Library

(Please circle which area)

SURNAME:

PREVIOUS NAME:

Christian Name:

Address:

Email:

Home Phone:

Mobile Phone:

D.O.B.:

Religion:

TRB: Number

Expiry Date:

Financial Expiry Date:

CEWA payroll code *if known*:

(not DET number)

Resume attached:

(must include referees)

Working with Children card attached:

Screening Number attached if non teaching

Proof of COVID-19 vaccination

Completed Applicant Employment History Form attached (pg 2)

Resume must include previous positions held and contact details of three referees, one who must be most immediate past employer

DAYS ON WHICH YOU ARE ABLE TO RELIEVE:

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
am/pm	am/pm	am/pm	am/pm	am/pm
PLEASE (CIRCLE)				

PREFERENCE FOR RELIEVING: (Please tick appropriate box)

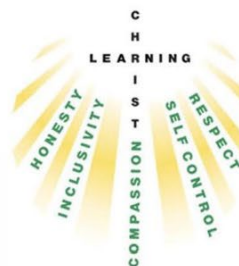
KG - Yr 6	PP - Yr 6	KG - Yr 3	Yr 4 - Yr 7	Any or Other (eg admin/library)
()	()	()	()	()
PLEASE TICK				

SIGNATURE:

DATE:

NAME:

5 Maitland Street
PO Box 131
GERALDTON WA 6530



(08) 9923 5800
admin@sfx.wa.edu.au
www.sfx.wa.edu.au



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APPLICANT EMPLOYMENT HISTORY

NB: This personal information is being collected to conduct a screening check for employment history.

PERSONAL DETAILS OF THE APPLICANT TO BE CHECKED			
FAMILY NAME GIVEN NAME(S)			
PREVIOUS OR GIVEN NAME(S)			
DATE OF BIRTH			
PREVIOUSLY EMPLOYED BY CEWA		YES	NO
If Yes what is your most current placement			
EMPLOYEE CODE (if known)			
EMPLOYMENT HISTORY (Education/school based)			
POSITION	ORGANISATION / SCHOOL	STATE / COUNTRY	DATES

DECLARATION BY APPLICANT

I declare that the details and information on this document are true, complete and correct to the best of my knowledge and I understand any false or misleading statement will be sufficient cause for employment to be withdrawn.

SIGNATURE OF APPLICANT

DATE

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