



CHRISTIAN ABORIGINAL PARENT-DIRECTED SCHOOL (CAPS)
85-93 Lindsay Street (P O Box 28) Coolgardie WA 6429
Phone: (08) 9026 6115 Fax: (08) 9026 6339

PLEASE ENSURE YOU COMPLETE ALL QUESTIONS
APPLICATION FOR EMPLOYMENT

Position applied for: _____

PERSONAL DETAILS

Family Name/Surname: _____ Given Names: _____

Preferred Name: _____

Address: No. & Street: _____

Suburb/Town: _____ State: _____ P/Code: _____

Postal address (if different from residential): _____

Home Telephone: () _____ Work Telephone: () _____

Email Address: _____

Date of birth: ____/____/____ Gender: Male/Female

Marital status (please tick):

Married Single Separated Divorced Widowed Defacto

If married, please provide name of spouse: _____

Name and ages of children (if any):

Child One: Name: _____ Age: _____

Child Two: Name: _____ Age: _____

Child Three: Name: _____ Age: _____

GENERAL

General health: _____

Have you had any recent illnesses? _____ If "yes", please explain: _____

List any disabilities that you may have: _____

Note: Please complete the **Declaration** at the end of this application.

Have you ever been arrested and/or charged with a criminal offence? _____

Have you ever been convicted of a criminal offence? _____

Have you ever been investigated by your employer and not fully exonerated? _____

Please give details _____

What is your definition of a Christian: _____

Do you consider yourself a Christian? Yes/No If Yes, How long have you been a Christian? _____

What denomination do you prefer? _____

Which church do you currently attend? _____

Are you active in your church? _____ If "yes", in what capacities? _____

Why are you applying for a position at this school? _____

EDUCATION HISTORY

YEAR'S ATTENDED	INSTITUTION	QUALIFICATION	COMPLETED Yes/No	MAJOR AREAS OF STUDY

List any other training courses that you have completed: _____

EMPLOYMENT HISTORY

Please list the most recent first.

DATES From - To	EMPLOYER	POSITION(S) HELD	DUTIES & RESPONSIBILITIES	REASON FOR LEAVING

List any hobbies, interests or past times that you enjoy: _____

REFEREES

Please include at least one (1) current character referee and two (2) professional referees.

Character Referee

Name: _____

Position: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Professional Referee

FIRST

Name: _____

Position: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Professional Referee

SECOND

Name: _____

Position: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

DOCTRINAL STATEMENT

We believe in the Divine Inspiration, the infallibility and supreme authority of the Old and New Testaments in their entirety and that the Holy Spirit so moved the writers that what they wrote are authoritative statements of truth for all matters of faith and conduct.

We believe that there is one God in whom there are three equal Divine Persons, revealed as the Father, the Son, and the Holy Spirit, and who of His own sovereign Will created the heavens, the earth and all that is contained within the universe.

We believe the Lord Jesus is the eternally existing, only begotten Son of the Father, conceived by the Holy Spirit and born of the Virgin Mary. As God He became flesh and dwelt among us. As man He was also God.

We believe all men are in a fallen, sinful and lost condition through the rebellion of Adam and Eve, who were created without sin, and in this state of depravity are helpless to save themselves and are under the condemnation of God to eternal punishment in Hell.

We believe that salvation from the penalty and consequences of sin is found only through the substitutionary, atoning death and resurrection of the Lord Jesus Christ.

We believe that it is the Holy Spirit alone who convicts men of sin, leads them to repentance, creates faith within them and regenerates and fills those who believe in the Lord Jesus Christ as Lord. It is the indwelling spirit who bestows the gifts of the Spirit and manifests the Fruit of the Spirit in the believer.

We believe that Christ died for our sins, was buried and on the third day rose from the dead; that He appeared to men who touched Him and knew His bodily presence and that He ascended to His Father.

We believe the Lord Jesus Christ will return in person with His saints and that the full consummation of the Kingdom of God awaits His return.

We believe those who have been regenerated by the Holy Spirit will receive a resurrection body at the return of Jesus Christ and be forever with God, while those who have not believed will be resurrected to stand at the Judgment Seat of God to receive His judgment and eternal condemnation to Hell.

We believe in the actual existence of Satan who is the father of all evil and opposed to God although ultimately subject to the purposes of God and destined to be confined forever to Hell.

We believe the Church is the Body of Christ composed of all believers in the Lord Jesus Christ, which finds its visible manifestation in the local church community of believers and ministers through the cooperative exercise of God-given gifts by the entire membership. Each local church is competent under Christ as Head of the Church to order its life without interference from any authority whether civil or ecclesiastical.

We believe that there are two ordinances instituted by the Lord Jesus Christ:

* Baptism by immersion of all believers as a prerequisite for church membership.

* The Lord's Supper, which is a memorial and proclamation of the Lord's death until He returns.

Do you agree with the attached Doctrinal Statement? Yes No

If No, please indicate areas of disagreement.

Signature of Applicant

Date

DECLARATION

I _____ declare that
(Print Name)

I am of good character, suitable for employment at CAPS Coolgardie and that I have provided details of any investigation of my behaviour, or disciplinary action taken against me, by previous employer, where I was not fully exonerated by that employer, in respect of conduct relevant to assessing whether or not I am of good character.

(Please tick only one box)

I understand that by virtue of Section 79 of the Worker's Compensation and Rehabilitation Act (1981), a future claim for worker's compensation may be in jeopardy if I fail to divulge relevant information about my past or present medical history that may impact upon my employment.

_____ I **have not** had a Worker's Compensation claim.

OR

_____ I **have or have had** a Worker's Compensation Claim (Please attach details).

(Please tick only one box)

_____ I **do not have** a disability or medical condition that may need to be considered in my employment.

OR

_____ I **do have** a disability or condition that may need to be considered in my employment (Please attach details)

The information I provide is true, complete and correct to the best of my knowledge.

Signature of Applicant

Date (Day, Month, Year)