

Current Courses



Expected Completion Date

Casual Relief Teaching Application Form for Mount Evelyn Christian School/Ranges TEC

- 1. Please complete this form and email to jobs@mecs.vic.edu.au along with your CV and cover letter.
- 2. The information supplied herein shall be treated in confidence and used by the school only in assessing the applicant's suitability for employment for the advertised position.

Advertised position applying for							
Personal Details	Title	Mr	Mrs	Miss	Ms	Marital Status (optional)	
Surname						First Name	
Address							Postcode
Mobile						Email Address	
VIT Number				F	Full	Provisional	
Church Details (if applicable)							
Church (& Denomination) you attend							
Name/Telephone of	referee	for your Ch	nristian stand	ding			
Employment Detai	ils (Curr	ent if applic	able)				
Name of Employer							
Date Commenced				Curre	ent Salary		Years Experience
Position Held							
Employment Details (Previous)							
Date Commenced/C	eased				Name of Emp	ployer	
Position Held Reason for Leaving							
Date Commenced/Ceased Name of Employer							
Position Held	osition Held Reason for Leaving						
Date Commenced/C	ate Commenced/Ceased Name of Employer					ployer	
Position Held					Reason for Le	eaving	
Academic Details If possible please attach copies of results completed and progress on any current courses.							
Completed Tertiary (Courses						Date Completed





First Aid Training

Full Name

Please forward	I conies of	completion	certificates and	progress on any	v current courses.
I ICasc Tol Wale	i copics oi	COMPLETION	certificates and	progress on an	y current courses.

	Apply	First Aid	CPR	Anaphylaxis	Asthma			
Professional Reference (Please provide the names of two Professional Referees) Written references may be attached. Referees nominated by the applicant below will be contacted by telephone.								
Referee 1	1.							
Surname				First Name				
Company	/ Name			Position Held				
Mobile			Email Address	3				
Referee 2	2.							
Surname				First Name				
Company	Company Name			Position Held				
Mobile			Email Address	3				
Availabili Please m	•	ns of the school in which y	ou are prepared (and q	ualified) to teach:				
	Kindergarten	Primary (Pre	o-Year 6)	Middle School (Years 7-9)				
	Senior School	(Years 10-12) VCE Subject	S					
Please m	Please mark the days of the week on which you are available to teach:							
	Monday	Tuesday	Wednesday	Thursday	Friday			
Commen	ts							
	that the deta	ils and information on this alse or misleading stateme		nplete and correct to the bes	it of my knowledge and I			
I and there	have/ e are,		_	nst me since my Police Check ending before a court. (If yes	_			
I underta Creed.	ke to support	and accept the MECS Asso	ociation's distinctive for	m of Christian Education as e	expressed in the Educational			

Date