



CityLife Church

1248 High Street Road, Wantirna South Vic 3152 | Tel: (03) 9871 8300 | Fax: (03) 9801 6926 | www.citylife.church

Instructions:

1. Please save this form to your PC or device before entering in your personal information
2. Enter information into employment application form
3. Once completed, save to PC or device ensure that all information has been stored
4. Attach saved employment application form in an email with CV and Cover Letter, then send to employment@citylife.church

| | | | | | |
|--|-----------|-----------|------------|------------|---------|
| Date of Application: | | | | | |
| Position Applying For: | | | | | |
| | Full Time | Part Time | Fixed Term | Casual | |
| Church Congregation: | Knox | Casey | Manningham | Whittlesea | Chinese |
| How did you find out about this position: | | | | | |
| Other (please specify): | | | | | |

PERSONAL DETAILS

| | | | | | |
|---|----|-----|------------------------|------|--------|
| Title: | Mr | Mrs | Miss | Ms | Dr |
| First Name: | | | Second Name: | | |
| Last Name: | | | Preferred Name: | | |
| Street Address: | | | Suburb: | | |
| Postcode: | | | Gender: | Male | Female |
| Home Phone: | | | Mobile Phone: | | |
| Home Email Address: | | | | | |
| Drivers Licence: | | | Yes | No | |
| Are you a citizen of Australia? | | | Yes | No | |
| Are you a Permanent Resident of Australia? | | | Yes | No | |
| <i>If not, please attach documentation which shows you are able to work in Australia (e.g. photocopy of visa)</i> | | | | | |

EDUCATION HISTORY:

| Name of School | Location | Highest Level Achieved | Dates | |
|----------------|----------|------------------------|-------|----|
| | | | From | To |
| | | | | |
| | | | | |

TERTIARY QUALIFICATIONS

| Name of Institution | Title / Qualification | Graduated (Yes/No) | Dates | |
|---------------------|-----------------------|--------------------|-------|----|
| | | | From | To |
| | | | | |
| | | | | |



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EMPLOYMENT HISTORY

| | | | | |
|---|--------------|------------|------------------------|-----------|
| Most Recent Position/s Held: | | | | |
| Employers Name/Address: | | | | |
| Employment Periods (mm/yy): | From: | To: | Ending Salary | \$ |
| Name and Title of Supervisor: | | | Contact Number: | |
| Outline key tasks appropriate to this application: | | | | |
| | | | | |
| Reason For Leaving: | | | | |

| | | | | |
|--|--------------|------------|------------------------|-----------|
| Position/s Held: | | | | |
| Employers Name/Address: | | | | |
| Employment Periods (mm/yy): | From: | To: | Ending Salary | \$ |
| Name and Title of Supervisor: | | | Contact Number: | |
| Outline key tasks appropriate to this application | | | | |
| | | | | |
| Reason For Leaving: | | | | |

| | | | | |
|--|--------------|------------|------------------------|-----------|
| Position/s Held: | | | | |
| Employers Name/Address: | | | | |
| Employment Periods (mm/yy): | From: | To: | Ending Salary | \$ |
| Name and Title of Supervisor: | | | Contact Number: | |
| Outline key tasks appropriate to this application | | | | |
| | | | | |
| Reason For Leaving: | | | | |



PHYSICAL/MEDICAL DETAILS

| | |
|--|-----------|
| Do you have, or have you had, any injury, accident or medical conditions caused by gradual process, disease or infection — e.g. hearing loss, sensitivity to chemicals, occupational overuse syndrome (OOS), back injury or strain, asthma, stress-related conditions — which might be aggravated by or further contributed to by the tasks of this position, and/or prevent or affect your ability to carry out the functions and responsibilities of the position applied for? | Yes No |
|--|-----------|

If Yes please provide details:

| | |
|--|-----------|
| Do you have any other known condition which might affect your ability to safely perform the inherent requirements of the position, including that may impact on the safety of employees or others? | Yes No |
|--|-----------|

If Yes please provide details:

| | |
|---|-----------|
| Have you previously received compensation for injuries? | Yes No |
|---|-----------|

If Yes please provide details:

CHURCH MEMBERSHIP

| | | |
|--|-----|----|
| Are you a Partner of City Life Church? | Yes | No |
|--|-----|----|

| | | |
|---|-----|----|
| Are you a member of another Christian Church? | Yes | No |
|---|-----|----|

If yes please supply details:

| | |
|--------------|--|
| Church Name: | |
|--------------|--|

| | |
|-----------------|--|
| Church Address: | |
|-----------------|--|

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|---------------------|--|
| Church Referee Name | |
|---------------------|--|

| | |
|----------------------|--|
| Church Referee Title | |
|----------------------|--|

| | |
|-----------------|--|
| Contact Number: | |
|-----------------|--|

AVAILABILITY

| |
|---|
| When would you be available to start this position? |
|---|



SKILLS & ATTRIBUTES

In terms of the role applied for, please outline how you meet the required/and desirable or preferred skills and attributes.

Are there any of the skills or attributes outlined which you do not possess? If Yes, please specify.

FURTHER DETAILS

Why have you applied for this position?



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OTHER INFORMATION

Do you have any additional information to assist with your application?

CityLife Church Inc complies with the Privacy Act 1988. The information you provided on your application will be used to assess your suitability to become a Casual or Permanent Employee. You may request access to your personal information that we collect during this process. The information you supply in your Employment Application is stored in a secure location and may be used only by those involved in the employment process. If your application is successful, the information that we collect will become part of the records we keep about Employees and will be stored in a secure location. If your application is unsuccessful we will destroy all information within 12 months of you being notified. For a copy of the complete CityLife Church privacy policy please visit our website <https://www.citylife.church/privacy> or request a copy from Reception during office hours.