

Position Applied for Available Start Date

PERSONAL DETAILS

First Name Last Name

Other Names Used Title Mr Mrs Miss Ms Other

Physical Address

Postal Address (If Different)

Email

Phone Mobile

EMERGENCY CONTACT DETAILS

First Name Last Name

Contact Number Relationship to you

LEGAL WORK STATUS

Are you legally entitled to work in New Zealand? Yes No

If you are not a permanent resident of NZ do you have a current work permit?
(Please attach a copy of your visa) Yes No

Visa Type Expiry

Are you fluent in English? Yes No

Do you speak any other languages?
(List the languages below) Yes No

Are you fully vaccinated (two shots) with the Covid-19 Vaccine
(Pfizer/BioNTech, Janssen Pharmaceutica, Novavax and AstraZeneca) Yes No

Have you had your vaccination booster (third vaccination as per mandate) Yes No

QUALIFICATIONS

Please list all your secondary and tertiary qualification:

Qualification	Provider	Year of Completion

TEACHER REGISTRATION

(This section is only for registered teachers)

Registration Number Expiry Types of Registration Full Provisional Subject to Confirmation

WORK EXPERIENCE

Please list all jobs held with the most recent employer first. Continue using a separate sheet if necessary. Vulnerable Children’s Act requires us to have 5 years of work history of all our employees.

LAST OR PRESENT EMPLOYER

Company Name			
Position Held		From	To
Manager/ Supervisor Name			
Reason for Leaving			

PREVIOUS EMPLOYER

Company Name			
Position Held		From	To
Manager/ Supervisor Name			
Reason for Leaving			

PREVIOUS EMPLOYER

Company Name			
Position Held		From	To
Manager/ Supervisor Name			
Reason for Leaving			

PREVIOUS EMPLOYER

Company Name			
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Manager/ Supervisor Name			
Reason for Leaving			

PREVIOUS EMPLOYER

Company Name			
Position Held		From	To
Manager/ Supervisor Name			
Reason for Leaving			

REFEREES DETAILS

Please provide details of at least three people we can contact for current/past work or character reference

REFEREE 1

First Name	<input type="text"/>	Last Name	<input type="text"/>
Company	<input type="text"/>	Position	<input type="text"/>
Telephone	<input type="text"/>	Email	<input type="text"/>
Relationship to Applicant	<input type="checkbox"/> Supervisor	<input type="checkbox"/> Co-Worker	<input type="checkbox"/> Professional Contact
			Is this referee from your current/recent place of employment <input type="checkbox"/> Yes <input type="checkbox"/> No

REFEREE 2

First Name	<input type="text"/>	Last Name	<input type="text"/>
Company	<input type="text"/>	Position	<input type="text"/>
Telephone	<input type="text"/>	Email	<input type="text"/>
Relationship to Applicant	<input type="checkbox"/> Supervisor	<input type="checkbox"/> Co-Worker	<input type="checkbox"/> Professional Contact
			Is this referee from your current/recent place of employment <input type="checkbox"/> Yes <input type="checkbox"/> No

REFEREE 3

(this person will be contact if the above referees are not contactable)

First Name	<input type="text"/>	Last Name	<input type="text"/>
Company	<input type="text"/>	Position	<input type="text"/>
Telephone	<input type="text"/>	Email	<input type="text"/>
Relationship to Applicant	<input type="checkbox"/> Supervisor	<input type="checkbox"/> Co-Worker	<input type="checkbox"/> Professional Contact
			Is this referee from your current/recent place of employment <input type="checkbox"/> Yes <input type="checkbox"/> No

HEALTH

If you are offered employment, the offer may be subject to you obtaining a full medical clearance to assess your fitness for the role. Yes No

Do you have any health problems or known medical conditions which may affect your ability to effectively carry out the functions and responsibilities of this position? This includes any disability or past injuries that may affect your employment.

(if yes, please give details)

CONVICTION

Have you been convicted of a criminal offence or had legal proceedings made against you in the last seven years? (Do not include any convictions covered by the Clean Slate Act). Yes No

(if yes, please give details)

Are you currently waiting for the hearing of any charges in a civil or criminal court? Yes No

(if yes, please give details)

GENERAL

Do you have a current driver's licence? Yes No

Licence Number Class

Do you have any demerit points? (If yes, please give detail) Yes No

Do you have any pending court action that may affect your licence? (If yes, please give detail) Yes No

Do you have a spouse, partner or relative working for the company? (If yes, please give detail) Yes No

Do you have a spouse, partner or relative working elsewhere in the same or similar industry? (If yes, please give detail) Yes No

Have you worked for this company before? (If yes, please give detail) Yes No

Do you have any secondary employment? (If yes, please give detail) Yes No

Are you aware of any potential conflicts of interest which may affect your ability to work for the company? (If yes, please give detail) Yes No

CONSENT

I consent to the Company seeking verbal or written information on a confidential basis about me from referees and representatives of my current and previous employers and I authorise the information sought to be released by them for ascertaining my suitability for the position applied for:

I accept that the information will be supplied to the Company in confidence as evaluative material and will not be disclosed to me.

I consent to the Company retaining the information contained in this application form for the purpose of considering my suitability for other roles which may arise in the future.

DECLARATION

I, (print full name) declare that the information contained in this application and any supporting information is accurate, complete and correct. I accept that should my application be successful; this information will form part of my employment agreement and falsification or withholding of information may be grounds for dismissal without notice.

Signature

Date