



Email: office@matamataint.school.nz

APPLICATION FOR EMPLOYMENT

Application Applied for: _____ **Date:** _____

Surname/Family name:	
First names (in full):	
Are you known by any other names: (s) Yes / No	
Full postal address:	
Email Address:	
Contact telephone numbers:	

Identity Verification, Criminal Record and Right to Work

Please tick the appropriate boxes:

<u>Immigration information</u>		
Are you a New Zealand citizen?	Yes ☐	No ☐
If not, do you have resident status, or	Yes ☐	No ☐
A current work permit	Yes ☐	No ☐
Have you ever had a criminal conviction?	Yes ☐	No ☐
If "Yes" please detail:		
(A board may not employ or engage a children's worker who has been convicted of an offence specified in Schedule 2 of the Children's Act 2014. The Clean Slate Act does not apply to schedule 2 offences.)		

Have you ever received a police diversion for an offence? If "Yes" please detail:	Yes ☐ No ☐
Have you ever been discharged without conviction for an offence? If "Yes" please detail:	Yes ☐ No ☐
Do you have a current New Zealand driver's licence?	Yes ☐ No ☐
Have you ever been convicted of a driving offence which resulted in temporary or permanent loss of licence, or imprisonment? If "Yes" please detail:	Yes ☐ No ☐
Are you awaiting sentencing or do you have charges pending? If "Yes" please state the nature of the conviction/cases pending:	Yes ☐ No ☐
In addition to other information provided are there any other factors that we should know to assess your suitability for an appointment and your ability to do the job? If "Yes", please detail:	Yes ☐ No ☐
Have you ever been the subject of any concerns involving child safety? If "Yes" please detail:	Yes ☐ No ☐
Are you aware of any injury or medical condition that could impact on your ability to perform this job effectively? If "Yes", please detail	Yes ☐ No ☐

For teaching/principal positions:

Do you hold a current practising certificate from the Teaching Council of Aotearoa New Zealand? Yes ☐ No ☐

Please enter your registration number:

Referees

Please provide the names of three people who could act as referees for you. One of these should be your current or most recent employer.

Name	Organisation	Position/ Relationship	Landline (preferred)	Mobile

I give permission for contact to be made, with people other than the nominated referees, to seek additional information to determine my suitability for the position Yes/NO

I certify that:

- The information I have supplied in this application is true and correct.
- I confirm in terms of the Privacy Act 1993 that I have authorised access to referees.
- I know of no reason why I would not be suitable to work with children/young people.
- I understand that if I have supplied incorrect or misleading information, or have omitted any important information, I may be disqualified from appointment, or if appointed, may be liable to be dismissed.

Signature _____

Date _____

Note: If completing this electronically a hard copy (signed) must be provided.