

**APPLICATION FOR EMPLOYMENT**

**CONFIDENTIAL**

*To be completed personally by the Applicant*

Note: The completion of this form does not indicate that there is any obligation on the part of the Company to engage the applicant.

The information requested herein is required by the Company to assist in considering your suitability for employment with the Company.

Prospective employer: .....

Position applied for: .....

Date of Application: .....

Given Names: ..... Family Name: .....

Contact Address: .....

Home Phone No: ..... Mobile Phone: .....

Email: ..... Date of Birth: .....

If your application is successful when could you commence employment? .....

Do you consent to the Company retaining the information contained in this application form for the purposes of considering your suitability for any other position which may arise with this Company in the future? Yes/No

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

As: A New Zealand citizen Yes/No

A permanent resident Yes/No

A holder of a current work permit Yes/No

**QUALIFICATIONS**

Provide full details of the qualifications you hold that are relevant to the position applied for.

Qualification	Year completed	Training provider	Location

**REGISTRATION**

Do you have NZ teacher registration? Yes/No

If yes, please provide your registration number: .....

What transport arrangement do you have to attend your place of employment?

.....

**LANGUAGES**

Can you hold an everyday conversation in any language other than English? Yes/No

Please provide details: .....

**EMPLOYMENT HISTORY**

Please ensure the employment/occupation history is continuous and complete in every respect. A minimum of 5 years of employment history is required.

Start date	Finish date	Employer	Location	Position held	Reason for leaving

**REFEREES**

Give names and contact details of at least two referees.

Name	Position	Address	Phone number

I, ..... consent to the Company seeking verbal or written information on a confidential basis about me from representatives of my previous employers, training providers and/or referees and authorise the information sought to be released by them to the Company for the purposes of ascertaining my suitability for the position for which I am applying. I understand the information received by the Company is supplied in confidence as evaluative material and will not be disclosed to me.

Signature: ..... Date: .....

Have you ever been convicted of a criminal offence or do you know of any reason why the police might consider you a risk to children or as an employee? Yes/No

Have you been the subject of a Diversion ordered by the Courts? Yes/No

Are you awaiting the hearing of charge in a civil or criminal court of law? Yes/No

Do you have a current drivers licence? Yes/No

If yes, what class? ..... Licence number: .....

Do you have a spouse, partner, relative or household-member working here or elsewhere in the ECE sector? Yes/No

Do you have secondary employment Yes/No

If yes, please detail: .....

Has any previous employer taken disciplinary action regarding you? Yes/No

Please give details here: .....

**HEALTH**

Have you ever been treated or hospitalised for a mental illness or injury or condition that would have affected your ability to carry out fully the functions and responsibilities of the position applied for?

Yes/No

Have you had any condition, problems, injury, illness, disability or condition that would have affected your ability in the past or may affect your ability to carry out fully the functions and responsibilities of the position applied for? Yes/No

Are you on any medication or under medical treatment or regularly ingest any substances that may affect your ability to carry out fully the functions & responsibilities of the position applied for?

Yes/No

Have you ever suffered from a back injury?

Yes/No

Have you ever suffered from any injury requiring time off work?

Yes/No

Have you ever claimed accident compensation?

Yes/No

Are you suffering from any infectious disease or have any condition which is capable of being passed on to children and is likely to have a detrimental effect if passed on to them? Yes/No

If you answered yes to any of the above questions in this Health section please provide full details here:

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.....  
.....  
.....

Do you smoke?

Yes/No

Do you have any physical or other conditions that would make it difficult for you to:

Hear a child cry from 6 metres away?

Yes/No

Sit on the floor without support?

Yes/No

Move very quickly?

Yes/No

Be on your feet for several hours?

Yes/No

See a child clearly from 6 metres away?

Yes/No

Pick up a child?

Yes/No

Pick up toys and equipment from the floor?

Yes/No

Be outside for more than 2 hours at a time?

Yes/No

DECLARATION

I, ..... (full name) declare that to the best of my knowledge the information provided in this application and in any resume enclosed is accurate and I understand that if any false or misleading information is given, or any material fact suppressed, I will not be employed, or if I am employed, my employment will be terminated. I also understand that any false information given in relation to my health or medical history or condition may result in my loss of entitlement for any ACC insurance and/or compensation.

Signed: ..... Date: .....