



DARGAVILLE HIGH SCHOOL
APPLICATION FOR EMPLOYMENT

Position applied for: _____

PERSONAL DETAILS *(please print clearly)*

Title :Dr, Mr, Mrs, Ms, Miss

Full Name: _____

Postal Address: _____

Teacher Registration No: _____ **Expiry Date:** _____

Other contact details: *(delete as appropriate)*

Home telephone number: _____ **Leave Message Yes / No**

Cell Phone: _____ **Leave Message Yes / No**

Email address: _____

CURRICULUM VITAE CHECKLIST

Applicants are asked to complete this Application for Employment form and return it with a covering letter of application and Curriculum Vitae for each position applied for. Your Curriculum Vitae should contain the following:

- Full employment history (most recent position first)
- Education, training and qualifications; including conferences and courses attended in recent years relevant to this position.
- Subjects you are prepared to teach (levels)
- Specific skills, strengths and abilities relevant to this position.
- Names and contact details of three recent referees who can substantiate your suitability for this position.
- Any other relevant information and experience.

CITIZENSHIP *(please tick the appropriate box)*

☐

NZ Citizen

☐

Require NZ Work Permit

☐

Permanent NZ Resident

☐

Hold NZ Work Permit

☐

Australia Citizen

☐

Permanent Australian Resident

HEALTH

Have you had an injury or medical condition caused by gradual process, disease or infection – for example, hearing loss, sensitivity to chemicals, repetitive strain injuries – which the tasks of this job may aggravate or contribute to?

☐ Yes

☐ No

If yes, please give details and describe any technical aids, equipment or adaptations to the workplace which you would need to make your work easier and/or increase your performance.

COURT CONVICTIONS

Have you been convicted of any offence against the law in the last ten years?

☐ Yes

☐ No

If yes, please supply relevant details:

DECLARATION

I declare that to the best of my knowledge, the answers to the questions asked here and all information submitted with my application are correct. I understand that if any false information is given, or any material fact suppressed, I may not be employed, or if I am employed, I may be dismissed.

I give permission for the Dargaville High School Board of Trustees to gather information from any person or organization the board deems necessary in relation to my suitability to the position applied for.

I do formally give permission to Dargaville High School to contact relevant persons in order to gain information relating to my application for the above position.

Signature:

Date:.....

WHAT TO DO NEXT

Please send your application to the address shown below before the closing date.

The Principal

Dargaville High School

57 Plunket Street

DARGAVILLE 0310

OR

E-mail: office@darghigh.school.nz