

## APPLICATION FOR EMPLOYMENT FORM

Please complete all sections of this form. It must be signed and dated. Attach an application letter and a CV detailing education and training, full employment history, specific skills and abilities and any other details that you feel will be useful.

Position applied for: \_\_\_\_\_

Date available to start: \_\_\_\_\_

Personal details:

Surname: \_\_\_\_\_ Mr Mrs Miss (please circle)

First name (s): \_\_\_\_\_ Preferred name: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Address: \_\_\_\_\_

Phone number: Home \_\_\_\_\_ Work / Mobile \_\_\_\_\_

Car owner: Yes No (please circle) Drivers licence: Learners / Restricted / Full (please circle)

Are you legally entitled to work in New Zealand? YES NO (please circle)

Two forms of identification will be required to be sighted: drivers licence / passport / birth certificate or marriage certificate (if name is different to other forms of identification)

**QUALIFICATIONS:**

What qualifications have you studied for and at which institute did you obtain them?

\_\_\_\_\_

\_\_\_\_\_

Do you have NZ teacher registration?  YES  NO

If yes, what type of registration?  FULL  PROVISIONAL 1  PROVISIONAL 2

Level of qualification:  DIPLOMA  BACHELOR

Please provide your registration number: \_\_\_\_\_ expiry date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Have you ever been the subject of a mandatory report to the teaching council?  YES  NO

**REFEREES:**

Give name, address and telephone number of two referees.  
At least one referee should be your current or recent employer.

Name	Position	Address and Phone Number
1.		
2.		

**CHILDREN'S WORKER SAFETY CHECKING**

Have you ever been convicted of a criminal offence that would prelude you from being engaged as a children's worker?  YES  NO

If yes, please give details:

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Have you had any investigations or other criminal charges pending that may be disclosed in the safety checking process?  YES  NO

If yes, please give details:

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Is there any reason including past events as to why you would pose any risk at all to children if you were appointed to this position?  YES  NO

If yes, please give details:

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## STRENGTHS

What strengths do you bring to this centre?

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**PHILOSOPHY:** Please write your philosophy of Early Childhood Education and Care on a separate piece of paper.

### SKILLS

Do you play a musical instrument?

Other skills (puppets, storytelling, drama, science, maths, singing, literacy, numeracy etc.)

### HEALTH

How would you describe your general 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 in the future 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

How much sick leave have you taken over the past year and why?

Do you hold a first aid certificate?

Expiry Date:

**PRIVACY ACT:**

The information you supply on this application form will be used solely to assess your suitability for employment with ZSK Limited. Information on unsuccessful candidates will be confidentially destroyed after six months.

**DECLARATION:**

I consent to you seeking oral or written information about me from my nominated referees of my previous employers and/or referees and authorise the information sought, be released by them.

I understand that the information received by you is supplied in confidence as evaluative material and may not be disclosed to me.

I consent to you retaining the information contained in this application form for the purposes of considering my suitability for any other position, which may arise in the organisation in the next six months.

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.

I declare to the best of my knowledge all the information supplied on and with this form is true and complete.

Thank you.

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_