

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: _____

Surname: _____ Mr Mrs Miss (please circle)

First name (s): _____ Preferred name: _____

E-mail address: _____ Date of Birth: _____

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

Do you hold a valid NZ work visa? (not applicable to NZ citizens) ☐ YES ☐ NO

Two forms of identification will be required to be sighted: Drivers Licence or Kiwi Access + Passport or Birth Certificate or Marriage Certificate (if name is different to other forms of identification)

1. _____ Expiry Date: _____

2. _____ Expiry Date: _____

3. _____ Expiry Date: _____

QUALIFICATIONS

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

Level of qualification: ☐ DIPLOMA ☐ BACHELOR ☐ POST GRAD

Child Protection certificate? ☐ YES ☐ NO expiry date: ____/____/____

Do you have a First Aid Certificate? ☐ YES ☐ NO expiry date: ____/____/____

Do you have NZ teacher registration? ☐ YES ☐ NO reg number: _____

☐ FULL ☐ PROVISIONAL 1 ☐ PROVISIONAL 2 expiry date: ____/____/____

Last five years employment history:

1. _____ Date: _____
2. _____ Date: _____
3. _____ Date: _____
4. _____ Date: _____
5. _____ Date: _____

PHILOSOPHY: can you please write your philosophy for Early Childhood Education and Care:

STRENGTHS

What strengths will you bring to our centre?

SKILLS

- Do you play a musical instrument? ☐ YES ☐ NO
- Are you confident in the use of a computer? ☐ YES ☐ NO
- Would you be able to document children's learning and add photos? ☐ YES ☐ NO
- Other skills (puppets, storytelling, drama, science, maths, singing, literacy, numeracy etc.)
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HEALTH

- How would you describe your general health? ☐ Not good ☐ Good ☐ Excellent
- 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? _____
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REFEREES

Give name, and telephone number of two referees that are able to be contacted.
At least one referee should be your current or recent employer.

Name	Position	Phone number and or email address
1.		
2.		
3.		

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:

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:

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:

Have you been acquitted or discharged of any serious offence? ☐ YES ☐ NO

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

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 for completing our application for employment.

SIGNED: _____ **DATE:** _____