

# Application for Employment

Position Applied for:	
Surname	
First Name (s):	
Full Postal Address:	
Email:	
Phone Hm:	

**IMPORTANT NOTES FOR APPLICANTS**

1. Please fully complete this form personally. Make sure you sign and date where indicated on the last page.
2. Attach a covering letter that includes a brief description of why you want this position and why you feel you would be the best candidate.
3. Attach a curriculum vitae (CV) containing any additional information. If you include written references, please provide current contact details for the writers and note that we may contact them.
4. Shortlisted applicants for will be asked to give consent to a police vet. It is a requirement in the Education Act 1989 for all employees to be police vetted.

**EDUCATIONAL QUALIFICATIONS:**

Please state your last secondary level qualification:
Please state your tertiary-level qualification(s), which institution is was issued by and the year it was conferred:
Please state any other qualifications relevant to the position.
Please confirm your registration status and practicing certificate number. Include details of any restrictions or any complaints you have had against you through the Education Council.
Registration number: _____ Circle one: Full    Provisional    Subject to confirmation Are you awaiting a hearing of any conduct or competency issues with the Education Council?  <input type="checkbox"/> YES <input type="checkbox"/> NO

## EMPLOYMENT HISTORY

Please outline your employment history over the last 5 years, beginning with your current or latest job:

Period Worked	Employer's Name	Position held	Reason for leaving
			Still there

Total number of years of previous working history in childcare: \_\_\_\_\_

## REFEREES

Please provide the names of three people who could act as referees for you. At least one of these should be able to attest to your work performance in your current or most recent role. If you have included written references from people other than those recorded below, please note that we may contact the writers of these references.

Name	Telephone	Relationship to you	Company

## PLEASE TICK THE APPROPRIATE BOXES

- Are you a New Zealand Citizen?  YES  NO
- If not, do you have resident status?, or  YES  NO
- A current work permit?  YES  NO Expiry date: \_\_\_\_\_
- Have you ever had a criminal conviction or are awaiting sentencing?  YES  NO

If yes, please detail:

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Are you awaiting sentencing or currently have charges pending for any offence?

YES       NO

If yes, please detail:

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In addition to the information provided above, are there any other factors that we should know to be able to assess your suitability for appointment and ability to do the job?

YES       NO

If yes, please detail: \_\_\_\_\_

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### HEALTH ISSUES

Do you have any known health condition of any kind, which may affect your ability to effectively carry out the functions and responsibilities of the position applied for?

YES       NO

If yes, please detail:

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Are you on any ongoing medication?

YES       NO

What? \_\_\_\_\_

Have you suffered any injury or illness that may affect your ability to effectively carry out the physical requirements, functions and responsibilities of the position applied for (eg, a previous back injury, Carpal Tunnel, Tennis Elbow or any other repetitive strain injury)?

YES       NO

If yes, please detail:

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Have you had any ACC claims over the last 10 years

YES       NO

If yes, please detail:

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Are you on any medication which may affect your performance in the position that you have applied for?

YES       NO

If yes, please detail: \_\_\_\_\_

**SKILLS & EXPERIENCE RELATED TO THE POSITION**

Do you have a current driver's license?       YES  NO    number: \_\_\_\_\_    Expiry: \_\_\_\_\_

Do you have a current First Aid Certificate?       YES  NO    Expiry: \_\_\_\_\_

Please summarise below your Professional Development activities over the last 12 months

I certify that the information I have supplied in this application is true and correct. 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, my employment may be terminated.

Signed \_\_\_\_\_

Date \_\_\_\_\_

Staff/Application for Employment