

Application for Employment

This completed Application form will be used to consider your suitability for the position for which you are applying but does not indicate that there is any obligation of an offer of employment.

We ask that you to fill in the form personally, honestly, and that you answer all relevant questions. Please note that the provision of false information may result in the withdrawal of an offer, or be grounds for dismissal if your application for employment is successful.

All information you give us will be treated confidentially and kept secure. If your application is unsuccessful, this information will be securely stored in our archives or destroyed.

Skills demonstration

You may be asked to spend some time, as part of the interview process, in the centre demonstrating any of the necessary skills required for the positions that you have applied for, as part of an interview process. Participation in any such skill demonstration does not constitute a job offer, will be entirely voluntary, and does not entitle the applicant for pay for any such work undertaken.

Full Name Date of Birth.....
Address Phone Home
Email address Phone Other

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

Are you at present receiving medical treatment and/or taking any medication? Yes/No

If "Yes" please detail

Have you ever suffered injury or stress to your back? Yes/No

If "Yes" please detail

Have you claimed accident compensation recently? Yes/No

If "Yes" please detail

Do you know of any reason why you would not be able to do the work required of you? Yes/No

If "Yes" please detail

Are you aware of anything that could place you in a potential conflict of interest, or which may restrict your ability to fully perform your duties with us? (non-solicitation, etc) Yes/No

If "Yes" please detail

Do you have a current full NZ driver's license? Yes/No

If "Yes" Driver's license number: Conditions:

Driving convictions?

Have you ever been convicted of a criminal offence? Yes / No

Are you awaiting charges in a court of law? Yes / No

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

Have you lived for one or more years, within the last 10 years, overseas yes / no

Education history

High School: _____ Qualifications gained: _____

Years attended: _____

Colleges/universities _____ Qualifications gained: _____

Years attended: _____

Other training: _____ Qualifications gained: _____

Years attended: _____

Employment history (minimum 5 years)

Have you ever been through a performance/disciplinary process which resulted in your employment ending? _____ Yes/No

If "Yes" please detail

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1. Name of current employer: _____

Address of current employer: _____

Job title and duties: _____

Employment start date: _____ End date: _____

Reason for leaving: _____

Notice required in current role: _____

2. Name of employer: _____

Address of employer: _____

Job title and duties: _____

Employment start date: _____ End date: _____

Reasons for leaving: _____

3. Name of employer: _____

Address of employer: _____

Job title and duties: _____

Employment start date: _____ End date: _____

Reason for leaving: _____

Name of Employer: _____

Job title and Duties: _____

Employment start date: _____ End date: _____

Reason for leaving: _____

Leisure

Please note your leisure interests, sports and hobbies, other pastimes etc.

Please detail here your reasons for this application, your main achievements to date and strengths you would bring to this role. Specifically, please detail how your knowledge, skills and experiences meet the requirements of this role (as summarised in the position/job advertisement).

References

Please note the names and addresses of at least three persons from whom we can obtain both character and work experience references. In accordance with the Children's act and safety check requirements two of these must be from previous employers.

1. Name: _____ Phone number: _____

Known in the capacity of _____

(i.e. Manager/Education)

2. Name: _____ Phone number: _____

Known in the capacity of: _____

(i.e. Manager/Education)

3. Name: _____ Phone number: _____

Known in the capacity of _____

(i.e. Manager/Education)

Declaration

(Please read this carefully before signing this application)

1. I confirm that the above information is complete and correct and that any untrue or misleading information will give my employer the right to terminate any employment contract offered.
2. I agree that the employer reserves the right to require me to undergo a medical examination. I understand that should the employer require further information and wish to contact my doctor with a view to obtaining a medical report, the employer will inform me of their intention and obtain my permission prior to contacting my doctor. In addition, I agree that this information will be retained on my personnel file during employment and for up to six years thereafter.
3. I agree that should I be successful in this application, I will, if required consent to a Police vetting check and/or children's worker safety check. I understand that should I fail to do so, or should the check not be to the satisfaction of my employer, any offer of employment may be withdrawn, or my employment terminated.

Signed: _____

Date: / /