

APPLICATION FOR EMPLOYMENT FORM

- CONFIDENTIAL -

POSITION APPLIED FOR _____ DATE _____

LOCATION OF WORKPLACE / CENTRE _____

TYPE OF EARLY CHILDHOOD QUALIFICATION HELD BY YOU _____

PERSONAL INFORMATION UNDER THE PRIVACY ACT 1993

The information which you supply on this application form and any curriculum vitae you supply is solely to assess your suitability for employment with Blossoms Educare in the position applied for.

This information will be securely held in Blossoms Educare files and under the Company's rules of access. No information will be disclosed to third parties without your authorisation, except as required by law.

Note: Completion of this form does not indicate any commitment to employ you.

| | | | | |
|--|--|------------------------------|-------------------------------|-----------------------------|
| 1. Title <i>(Please tick one)</i> | Mr <input type="checkbox"/> | Mrs <input type="checkbox"/> | Miss <input type="checkbox"/> | Ms <input type="checkbox"/> |
| 2. Surname | | | | |
| 3. First Names | | | | |
| 4. Known as | | | | |
| 5. Address Details | Number: Street: Suburb: City: | | | |
| 6. Contact Information | Home Phone: Mobile or alternate Phone: Email Address: | | | |
| 7. Postal Address <i>(If different from above)</i> | | | | |
| 8. Date of Birth | | | | |
| 9. Place and Country of Birth | | | | |
| 10. Ethnic Origins: | | | | |
| 11. Are you a citizen of New Zealand? | Yes <input type="checkbox"/> | | | No <input type="checkbox"/> |
| a). If "YES", Can you produce evidence if required? | Yes <input type="checkbox"/> | go to question 11 | | No <input type="checkbox"/> |
| b). If "NO", Do you have the right of permanent residence? | Yes <input type="checkbox"/> | go to question 11 | | No <input type="checkbox"/> |
| | Do you have a work permit? | | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| | Expiry date of work permit: _____ | | | |
| 11. Are you an assisted immigrant under bond to the Government or any other employer? If "YES", Do you have the authority to accept other employment? | Yes <input type="checkbox"/> | | | No <input type="checkbox"/> |
| | Yes <input type="checkbox"/> | | | No <input type="checkbox"/> |
| 12. If successful, when could you start work? | Immediately <input type="checkbox"/> Other <input type="checkbox"/> _____ | | | |

HEALTH STATEMENT

Information gathered by Blossoms Educare regarding your health will not be used as a ground for declining your application for employment unless it affects your ability to perform satisfactorily and safely (in terms of yours and others safety) the tasks of the job.

13. Having regard to the job, do you have any disability, limitation, medical condition or other health problems that

- a). Affect your ability to perform satisfactorily and safely (both in terms of your safety and the safety of others), the tasks of the job for which you have applied? Yes No
- b). Be aggravated by performing the tasks for the job for which you have applied? Yes No

In answering the questions above you should take into account disabilities, limitations, medical conditions and other health problems such those listed below and tick the box accordingly:

| | | |
|--|--|--|
| Any infectious or communicable disease | Occupational overuse syndrome (OOS) | |
| Back pain or chronic back condition | Persistent aches or pains anywhere | |
| Frequent headaches or migraine | Asthma or hay fever | |
| Diabetes (high blood sugar) | Shortness of breath | |
| Fits, blackouts or epilepsy | Vertigo, sensation or dizziness or loss of balance | |
| Heart disease or high blood pressure | Vision | |
| Hearing | Mental disorders such as chronic depression | |

14. Is you have answered "YES" to either a) or b) of question 13 or ticked any of the boxes above, or you are unsure,

- a). Summarise below the nature of the disability, limitations, medical conditions and other health
- c). Specify below any special services or facilities that you know of in relation to the disability, limitation or medical condition that would enable you to perform satisfactorily and safely the tasks of the job or eliminate or reduce the aggravation, as the case may be:

EDUCATION AND EXPERIENCE

15. What is your highest NCEA (or equivalent) qualification achieved:

Qualification:

Year of achievement:

16. Are you currently studying for an ECE Qualification?

Yes No

a). If "YES", what qualification and level you are working towards:

d). Expected completion date:

e). What T

17. Do you have an NZQA recognised Early Childhood qualification?

Yes No

a). If "YES", What qualification do you hold?

b). Year of completion:

18. Do you have current Teacher Registration?

Yes No

a). If "YES", What is your registration status?

Provisional
~~Subject to final~~
 Full

b). What is your registration number:

c). On what date does your registration expire:

d). If "NO" have you applied for registration and on what date:

19. List any other tertiary qualifications you hold:

Statement of Expectation: Blossoms Educare being in the educational sector, requires employees to be able to read, write and speak English fluently.

20. Self evaluate your English language skills:

| | Below average | Average | Above average |
|-------------|--------------------------|--------------------------|--------------------------|
| a). Spoken | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| b). Written | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| c). Reading | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

21. List all languages you are fluent in:

GENERAL

| | | |
|---|------------------------------|--|
| 22. Have you previously been employed by Blossoms Educare? If "YES", please specify name of centre and position held | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 23. Do you have any relatives already employed by Blossoms Educare? If "YES", please give details. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 24. Do you have a current drivers licence? a). Drivers Licence Number: _____ b). Class (or classes) of Licence: _____ | Yes <input type="checkbox"/> | No <input type="checkbox"/> go to question 28 |
| 25. Do you have any cases pending which could affect your licence? If "YES", give details. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 26. Have you ever been convicted of an offence not eligible for concealment under the Criminal Records (Clean Slate) Act (2004) in a court in NZ or any other country? If "YES", give details. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 27. Are you awaiting charges against you in a criminal or civil court of law? If "YES", give details. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 28. Have you ever been dismissed from employment because your work or conduct was unsatisfactory? If "YES", give details. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 29. Have you been under investigation or participated in a management plan for unsatisfactory performance or conduct in the past 12-months? If "YES", give details. | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 30. Are you prepared to work additional hours from time to time? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 31. Do you have secondary employment or other business outside of your normal work? | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| 32. How did you find out about this vacancy? Education Gazette <input type="checkbox"/> Newspaper <input type="checkbox"/> Word of mouth <input type="checkbox"/> Other (please specify) <input type="checkbox"/> | | |
| 33. Do you have a current First Aid Certificate? Expiry Date: _____ | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

EMPLOYMENT HISTORY for the last 5 years (Start with most recent employer)

| | |
|---|---------------|
| 1/ Name of Company: | |
| Employed from: | To: |
| Position held: | Salary: |
| Main duties: | |
| Reason for leaving: | |
| Contact person: | Phone number: |
| Tick if you nominate this person to be one of your referees: Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| 2/ Name of Company: | |
| Employed from: | To: |
| Position held: | Salary: |
| Main duties: | |
| Reason for leaving: | |
| Contact person: | Phone number: |
| Tick if you nominate this person to be one of your referees: Yes <input type="checkbox"/> No <input type="checkbox"/> | |

| | |
|--|---------------|
| 3/ Name of Company: | |
| Employed from: | To: |
| Position held: | Salary: |
| Main duties: | |
| Reason for leaving: | |
| Contact person: | Phone number: |
| Tick if you nominate this person to be one of your referees: Yes <input type="checkbox"/> No <input type="checkbox"/> | |

| | |
|--|---------------|
| 4/ Name of Company: | |
| Employed from: | To: |
| Position held: | Salary: |
| Main duties: | |
| Reason for leaving: | |
| Contact person: | Phone number: |
| Tick if you nominate this person to be one of your referees: Yes <input type="checkbox"/> No <input type="checkbox"/> | |

| | |
|--|---------------|
| 5/ Name of Company: | |
| Employed from: | To: |
| Position held: | Salary: |
| Main duties: | |
| Reason for leaving: | |
| Contact person: | Phone number: |
| Tick if you nominate this person to be one of your referees: Yes <input type="checkbox"/> No <input type="checkbox"/> | |

REFEREES (We require at least three work-related referees, if three have not already been nominated from the section above, please detail here. Please note that one should be your manager at your current place of employment)

| Name of Referee | Relationship with you | Company / Position | Contact Numbers |
|-----------------|-----------------------|--------------------|-------------------------------|
| | | | Business: Mobile: Home: |
| | | | Business: Mobile: Home: |
| | | | Business: Mobile: Home: |

AUTHORISATION

For the purpose of the Privacy Act 1993:

- Do you consent to Blossoms Educare seeking verbal or written information about you from the contact person at your present employer? Yes No
- Do you consent to Blossoms Educare obtaining information from other relevant parties to determine your suitability for employment? Yes No

DECLARATION

I declare that to the best of my knowledge the answers in this Application are correct and I understand that if any false or deliberately misleading information is given, or any material fact withheld, I will not be employed, or if I am employed my employment may be terminated.

I also understand that any false information given in relation to my medical history may result in my loss of entitlement for any compensation from ACC.

If my application is successful, I agree as follows:

1. I hereby consent to Blossoms Educare gathering information from employer contact persons as indicated above or other referees/relevant parties supplied by me.
2. I hereby consent to undergo a pre-employment check which the NZ Police as required by the Education Standards Act 2001.
3. I understand that if offered employment, the offer will be conditional upon satisfactory results of the following
 - Reference checks
 - Police vet check
4. If unsuccessful, I permit Blossoms Educare to retain my details and to be contacted if any other suitable positions become available: Yes
 No

SignedDate.....