



EMPLOYMENT APPLICATION FORM

PERSONAL DETAILS

Legal Surname:		Legal First Name/s:	
Preferred Surname:		Preferred First Name:	
Date of birth:		Gender:	
NZ Teacher Registration No:		NZ Teacher Registration Expiry:	
First Aid Certified: Yes/No		First Aid Expiry: / /	
NZ Citizen: Yes/No	Permanent Resident: Yes/No	Work permit: Yes/No	Work permit expiry: / /
Home Ph:	Mobile No.	Email:	
Home Address:			
Have you ever had a criminal conviction? If "Yes", please detail: (A board may not employ or engage a children's worker who has been convicted of an offence specified in Schedule 2 of the Vulnerable Children Act 2014. The Clean Slate Act does not apply to schedule 2 offences.)			YES/NO
Have you ever received a police diversion for an offence? If "yes" please detail:			YES/NO
Have you ever been discharged without conviction for an offence? If "yes" please detail:			YES/NO
Are you awaiting sentencing or do you have charges pending? If "Yes", please state the nature of the conviction/cases pending:			YES/NO
In addition to other information provided are there any other factors that we should know to assess your suitability for appointment and your ability to do the job? If "Yes", please detail:			YES/NO
Have you ever been the subject of any concerns involving child safety? If "Yes", please detail:			YES/NO



Have you had any injury or medical condition caused by gradual process, disease or infection, such as occupational overuse syndrome which the tasks of this position may aggravate or contribute to?

If "Yes", please detail:

YES/NO

QUALIFICATIONS

Name	Location	No. of years completed	Highest qualification

EMPLOYMENT HISTORY

Please list your current or most recent appointment first.

Employer	Position	Start date	End date

REFEREES

Please provide the names of three professional referees. One of these should be your current employer or most recent employer.

Name	Relationship	Phone	Email



AUTHORITY TO APPROACH OTHER REFEREES

I authorise the Board, or nominated representative, to approach persons other than the referees whose names I have supplied, to gather information related to my suitability for appointment to the position.

YES/NO

I authorise the Board, or nominated representative, permission to access any information held by the Education Council of Aotearoa New Zealand (EDUCANZ) or any other educational organisation, including information regarding matters under investigation, to gather information related to my suitability for appointment to the position

YES/NO

I _____ certify that:

- the information I have supplied in this application is true and accurate.
- I confirm in terms of the Privacy Act 1993 that I have authorised access to referees.
- I know of no reason why I would not be suitable to work with children/young people.
- 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, may be liable to be dismissed.

Signed:

Date: / /