



*“Mā te Aroha Ka Puawai Ai Ngā Mokopuna, Kia ora Ai te Iwi, Kia Tū Tika Ai Ngā Uri o Rahiri”*

## **APPLICATION FOR EMPLOYMENT FORM**

**Position: Scale A Teacher – Permanent Position**

**Starting Date: As soon as possible**

**School: Kaikohe Intermediate School**

Attached is an application for employment that you are required to personally complete.

The application form is a source of information that will be used by the Board to assist it in considering the suitability for the position for which you are applying. Failure to supply the information requested will prejudice the Board's ability to assess your suitability for the position.

Following completion of this appointment, information relating to the successful applicant shall form part of the school's personnel records and will be held at the school premises.

Information relating to unsuccessful applicants will be destroyed upon finalisation of the appointment. The above information is provided in accordance with the Privacy Act 1993

**A. Personal Information**

Full Name: \_\_\_\_\_  
(Surname) (First Name (s))

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_  
(Private) (Mobile)  
\_\_\_\_\_  
(Email)

Legal Work Status:

Are you legally entitled to work in New Zealand **YES** **NO**

Where appropriate, please attach evidence of eligibility to work in New Zealand.

**B. Educational Qualifications**

Qualifications Obtained

Teacher Registration No: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

**C. Current Employment**

Position: \_\_\_\_\_ Appointed: \_\_\_\_\_  
(Year)

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Location: \_\_\_\_\_

For the purposes of compliance with the Privacy Act 1993, do you consent to the school contacting your present employer for the purposes of reference checking?

**YES NO**

**D. Health**

Do you have any known condition that may affect your ability to carry out the functions and responsibilities of the position applied for?

**YES NO**

If YES, please specify

\_\_\_\_\_

**E. Convictions Against the Law**

Have you ever been convicted of any criminal offence (other than a minor traffic offence)?

**YES NO**

If YES, please give details and note that you may be asked to provide a copy of the relevant court records.

\_\_\_\_\_

\_\_\_\_\_

Are you currently awaiting the hearing of any charges? **YES NO**

The Board reserves the right to contact authorities to verify any claim made.

**F. Referees**

Please provide names, addresses and phone numbers of three (3) referees who can attest to your work performance.

1. \_\_\_\_\_  
(Name)  
\_\_\_\_\_  
(Address)  
\_\_\_\_\_  
\_\_\_\_\_  
(Telephone – private) (Telephone – business)

Capacity in which you known this person: \_\_\_\_\_

2. \_\_\_\_\_  
(Name)  
\_\_\_\_\_  
(Address)  
\_\_\_\_\_  
\_\_\_\_\_  
(Telephone – private) (Telephone – business)

Capacity in which you known this person: \_\_\_\_\_

3. \_\_\_\_\_  
(Name)  
\_\_\_\_\_  
(Address)  
\_\_\_\_\_  
\_\_\_\_\_  
(Telephone – private) (Telephone – business)

Capacity in which you known this person: \_\_\_\_\_

I consent to the school seeking verbal or written information on a confidential basis about me from representatives of my previous employers and/or referees and authorise the information sought to be released to the school for the purposes of ascertaining my suitability for the position for which I am applying.

I consent to the school approaching sources other than my nominated referees to seek feedback on my suitability for this position.

I also understand that the information received by the school is supplied in confidence as evaluative material and will not be disclosed to me

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**G Declaration**

I, \_\_\_\_\_ (full name) declare that to the best of my knowledge the information provided in this application and in my Curriculum Vitae enclosed is accurate and 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 medical history with regards to gradual process, disease or infection can result in my loss of entitlement of any compensation from ACC.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applications for the position of Permanent Scale A Teacher close:  
Friday 6 August 2021, 3pm

Please send cover letter and your CV, along with this completed form to:

Email: [nichole@kaikoheint.school.nz](mailto:nichole@kaikoheint.school.nz)

Thank you.