



HAMILTON GIRLS' HIGH SCHOOL

"A wise woman shapes her own destiny."

TEACHER EMPLOYMENT APPLICATION FORM

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

During the appointment process you are entitled to access this information upon request from the school. 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 finalization of the appointment. The above information is provided in accordance with the Privacy Act

Position Applied For	
----------------------	--

PERSONAL INFORMATION

Preferred form of address - optional	Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Miss <input type="checkbox"/> Dr <input type="checkbox"/>
First names	
Surname	
Known by any other names	
Physical address	
Postal address (If different from physical address)	
Telephone	
Email	
Are you legally entitled to work in New Zealand?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Where appropriate, please attach evidence of eligibility to work in New Zealand.	

TEACHING REGISTRATION

Teacher Registration Number	
Expiry Date	
<i>Please attach photocopied evidence of current teacher registration.</i>	

EDUCATION

Teaching Qualifications	Institution	Year Awarded
Trained Teacher's Certificate		
Diploma of Teaching		
Undergraduate degree		
Postgraduate Qualification		

CURRENT EMPLOYMENT

Current Employment		
Position Held		
Year Appointed		
School		
Grade/Roll		
Location		



HAMILTON GIRLS' HIGH SCHOOL

"A wise woman shapes her own destiny."

Total length of certificated service:	Years
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?	

HEALTH

Do you have any known condition that may affect your ability to efficiently carry out the functions and responsibilities of the position applied for?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If, YES, please specify:	
The school has a non-smoking policy. Do you agree to abide by this?	Yes <input type="checkbox"/> No <input type="checkbox"/>

CONVICTIONS AGAINST THE LAW

Have you ever been convicted of any criminal offence (other than a minor traffic offence)?	Yes <input type="checkbox"/> No <input type="checkbox"/>
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 <input type="checkbox"/> No <input type="checkbox"/>
Please Note: The Board reserves the right to contact authorities to verify any claim made.	



HAMILTON GIRLS' HIGH SCHOOL

"A wise woman shapes her own destiny."

REFEREES

Please provide names, addresses and contact number of three (3) referees, one of whom is a current or previous employing BOT member and/or Principal who can attest to your professional skills.

Referee One	
Name	
Role/Position	
Capacity in which you have known this person.	
Address	
Contact Details	Home: Work: Mobile: Email:

Referee Two	
Name	
Role/Position	
Capacity in which you have known this person.	
Address	
Contact Details	Home: Work: Mobile: Email:

Referee Three	
Name	
Role/Position	
Capacity in which you have known this person.	
Address	
Contact Details	Home: Work: Mobile: Email:

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

Signature: _____ Date: _____

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 for any compensation from ACC.

Applicant's Signature: _____ Date: _____

Please label your envelope **CONFIDENTIAL - Application enclosed** and forward it to:

The Principal
Hamilton Girls' High School
PO Box 1267
Hamilton 3204

Or email to:
principalsea@hghs.school.nz