



# APPLICATION FOR EMPLOYMENT



## WILLIAM COLENZO COLLEGE NAPIER

Position applied for: \_\_\_\_\_

Tick One: Mr  Mrs  Ms  Miss

Surname/Family Name: \_\_\_\_\_

First Names (in full): \_\_\_\_\_

Are you known by any other names: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

\_\_\_\_\_

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

Contact Phone Numbers: \_\_\_\_\_

Do you give consent to any school photos that you may appear in to be used for promotional purposes. ie: on school facebook,

Yes  No

### IDENTITY VERIFICATION, CRIMINAL RECORD AND RIGHT TO WORK

#### Immigration Information:

Are you a New Zealand citizen? Yes  No

If not, do you have resident status, or Yes  No

A current work permit Yes  No

You may be required to provide evidence.

Have you ever had a criminal conviction? Yes  No

If yes, please detail: \_\_\_\_\_

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Do you have any criminal or civil charges pending or under investigation (including pending or under investigation by the NZ Teachers Council? If **yes**, please give brief details below

Yes  No

Do you have a current NZ drivers licence? Yes  No

If yes, what type of licence: Learner  Restricted  Full

Other: \_\_\_\_\_

Please supply a copy of your drivers licence.

Have ever been convicted of a driving offence which resulted in temporary or permanent loss of licence, or imprisonment? Yes  No

If yes, please detail: \_\_\_\_\_

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?

Yes  No

If yes, please detail: \_\_\_\_\_

## **MEDICAL OR INJURY DETAILS**

*Letting us know that you have a medical condition or disability will not exclude you from being considered for this position.*

Are you taking any drugs for medicine which would prevent or restrict you from performing any aspects of the job for which you are applying?

Yes  No

Do you have, or have you ever had, an injury or psychological or medical condition including those caused by gradual processes, disease or infection (eg hearing loss, or occupation overuse syndrome) or any other disability, which:

May affect your ability to perform the duties of the position to satisfactory standards set by William Colenso College or: Yes  No

There may be a risk of harm to yourself where the tasks of the job may aggravate or contribute to the condition or; Yes  No

May pose a risk of harm to others, including the risk of infecting another person with an illness? Yes  No

If yes to any of these questions above, please give brief details:

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## QUALIFICATIONS

Please list your qualifications and supply verified copies of all:

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## TEACHER REGISTRATION AND REFEREES

Do you hold a current practising certificate from the Education Council of New Zealand? Yes  No

If yes, please advise type of registration:

LAT  Full  Provisionally Registered  Subject to Confirmation

Registration Number: \_\_\_\_\_

Please provide the names of three people who can act as referees for you. One of these should be your current or most recent employer. Please indicate which referee is your current/previous employer in the table below. If you have included written references from people other than those recorded below, please note that we may contact the writers of these references.

**Work Referee 1 (current or most recent Manager) – please circle one**

Name	
Job Title	
Name or Organisation	
Telephone Number	
Email Address	
Relationship to Applicant	

**Work Referee 2 (current or most recent Manager) – please circle one**

Name	
Job Title	
Name or Organisation	
Telephone Number	
Email Address	
Relationship to Applicant	

**Work Referee 3 (current or most recent Manager) – please circle one**

Name	
Job Title	
Name or Organisation	
Telephone Number	
Email Address	
Relationship to Applicant	

**AUTHORITY AND DECLARATION**

I authorise the William Colenso College Board of Trustees, or nominated representative, to collect personal information about me from my referees.

Yes  No

I authorise William Colenso College Board of Trustees, 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 William Colenso College Board of Trustees, or nominated representative, permission to access any information held by the Education Council or Aotearoa NZ (EDUCANZ) or any other educational organisation, including information regarding matters under investigation, to gather information related to suitability for appointment to this position.

Yes  No