



WAIRARAPA COLLEGE APPLICATION FOR EMPLOYMENT

Position applied for: _____ Current date: _____

Where and when advertised: _____

Section 1 Personal Information

1. First Name(s) _____ Family Name: _____
Mr/Mrs/Miss/Ms (please circle preferred title)

2. Residential address: _____

Email: _____

Phone No. _____ Mobile No. _____

3. Date of Birth: ____/____/____ Marital Status: _____
(optional) *(optional)*

Section 2 Employment History

1. Have you previously been employed by a secondary school or other educational provider.

Yes

No

2. Please provide details of employment (both voluntary and paid) up to last 3 positions held:

(a) Employer _____
Address _____
Length of service: from _____ to _____
Position held _____
Nature of work _____
Reason for leaving _____

(b) Employer _____
Address _____
Length of service: from _____ to _____
Position held _____
Nature of work _____
Reason for leaving _____

(c) Employer _____
Address _____
Length of service: from _____ to _____
Position held _____
Nature of work _____
Reason for leaving _____

Details of any periods when not in employment, education or training:

From: _____ to _____

Details: _____

5. For teaching positions:

Do you 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 your suitability for appointment to the position.

Yes

No

Section 5 Identity Verification, Criminal Record and Right to Work

1. Are you a New Zealand citizen?

Yes

No

2. If you answered "no" to question 1, do you have the legal right to work in New Zealand, either through Permanent Residence or a valid work permit?

Yes

No

(Evidence will be required if you are called to an interview)

3. Do you have any injury or illness or any other known condition you have had that may affect your ability to carry out the duties and responsibilities of the position you are applying for

Yes

No

4. 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?

Yes

No

If "yes", please detail:

5. Have you been convicted of a criminal offence, which is not eligible to be concealed under the Criminal Records (Clean Slate) Act 2004?

Yes

No

If "yes" please attach a statement of details to this form.

6. Are you awaiting sentencing or do you have charges pending?

Yes

No

If "yes" please state, the nature of the conviction/cases pending.

7. Have you ever received a police diversion for an offence?

Yes

No

If "yes" please detail:

8. Have you ever been discharged without conviction for an offence?

Yes

No

If "yes" please detail:

9. 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:

10. Do you give your consent to undertake a Criminal Conviction History Check or Police Vet, using the required forms?

Yes

No

11. Do you have any previous employment or professional disciplinary history that could be relevant to child safety?

Yes

No

12. **For teaching positions:**

Do you hold a current practising certificate from the Teaching Council?

Yes

No

Please enter your registration number: _____

13. Are you currently under investigation or subject to any complaints/disciplinary process?

Yes

No

If Yes, please tell us the details below:

This position is subject to the requirements of the Vulnerable Children Act 2014.

All successful applicants will be safety checked and Police vetted

Section 5 Additional Information

Please attach any additional information that you consider may assist your application in a letter and/or a Curriculum Vitae.

Section 6 Official Information Act Requirements

Collecting and Holding Personal Information

The information you provide in this application will be held by Wairarapa College.

Purpose

The information is for the purpose of assessing your suitability for employment and the school's obligations to fulfil legislative requirements such as EEO and ACC. If your application is successful it will be retained in your personnel file. If unsuccessful it will be destroyed within one month of appointment of the successful applicant.

Section 7 Declaration

I, _____ (full name) declare that to the best of my knowledge, the answers to the questions in this application are correct. I understand that if any false information is given, or any material fact suppressed, I may not be appointed, or if I am employed, I may be dismissed. I also understand that any false information given with reference to my health, may result in my loss of entitlement for any compensation from ACC (or, as applicable, under the Accident Insurance Act).

Signature: _____

Date: _____