



## Application for Employment Form

All information will be treated as strictly confidential and no approach will be made to any person without your permission. This information is used for the assessment of your suitability for employment at New Shoots Children's Centre and is located in the Centre Director's office.

### POSITION APPLIED FOR

Centre  Title  Employment Type

### APPLICANT INFORMATION

First Name  Surname  Title

Preferred Name (if different from above)  Ethnicity

Are you a part of an iwi?  If yes, which one

Date of Birth  -  -  Phone  Mobile

Email

Address

Post Code

### EDUCATION

T Reg Number  Registration Type  Expiry Date  -  -

Do you hold a current First Aid Certificate?  Expiry Date  -  -

Are you currently studying?  If yes, what are you studying?

Year due to finish  Institution

Have you completed a trade or professional qualification?

Most recent qualification

From - To (year)  -  Institution

Highest high school qualification

Year Completed  School

### INTERESTS

Professional or community organisations

Hobbies or sports

## GENERAL INFORMATION

Have you ever had a personal grievance against an employer?

Have you had any disciplinary action taken against you under previous employment?

Are you a smoker?  Do you have any criminal convictions?

Do you have any injuries that could affect your ability to carry out the position?

If yes, please list specific injuries

Do you currently have or have had any of the following health conditions? (Please tick)

Anxiety	Arthritis/ Rheumatism	Asthma	Back Pain/ Strain
Bronchitis	Carpal Tunnel	Depression	Diabetes
Epilepsy/ Fits	Glandular Fever	Hay Fever/ Sinus	Hearing Loss
Heart Problems	Hernias	High Blood Pressure	Migraine
Pleurisy	Repetitive Strain	Tuberculosis	Ulcers

Please list any other conditions that may affect your ability to carry out the functions of the job you have applied for?

## CURRENT EMPLOYMENT

Company  Employer Name  Position

Address   
 Post Code

Benefits  Annual Salary

## EMPLOYMENT HISTORY

Company  Employer Name  Position

Phone  Date From - To  -  Annual Salary   
(Year)

Address   
 Post Code

Reason for leaving

Company  Employer Name  Position

Phone  Date From - To  -  Annual Salary   
(Year)

Address   
 Post Code

Reason for leaving

## REFERENCES

We require at least one reference from an employer or director

Com- pany	<input type="text"/>	Employer Name	<input type="text"/>	Phone	<input type="text"/>
Com- pany	<input type="text"/>	Employer Name	<input type="text"/>	Phone	<input type="text"/>
Com- pany	<input type="text"/>	Employer Name	<input type="text"/>	Phone	<input type="text"/>
Com- pany	<input type="text"/>	Employer Name	<input type="text"/>	Phone	<input type="text"/>

I give permission for New Shoots Children's Centres to contact the above references for a reference check

## DECLARATION

I, , declare that to the best of my knowledge, the answers to the questions in this application are true and correct. I accept that should my application be successful, the foregoing information will form part of my agreement for employment.

Therefore, I understand that my engagement with the centre is conditional upon the accuracy of the information. My employment may be terminated if this information is incorrect or incomplete. I also understand that any false information given in relation to my medical history may effect any future compensation claims from ACC. If I hold an early childhood qualification and teacher's registration, I agree to provide a certified copy.

<input type="text"/>	<input type="text"/>	<input type="text"/>
Applicant Name	Signature	Date

## OFFICE USE ONLY

Application for Employment checked and all sections completed

Interview questions completed and attached

Applicant CV dates match dates in the Application for Employment above

Reference checks completed and attached

Teacher's Registration folder has been cited and of an adequate standard (if applicable)

Application was successful (do not complete following questions if unsuccessful)

Employment Type  Term  Salary/ Wage

Is there any other information that the Support Centre will require to complete the employment pack? E.g. changes to job description, the position applied for is position offered, official name and/ or preferred name.

<input type="text"/>		
<input type="text"/>	<input type="text"/>	<input type="text"/>
Centre Director/ Director Name	Signature	Date