

Application For Employment

Position Applied For:	
Surname:	
First Name (s):	
Full Postal Address:	
Email Address:	
Contact Ph Numbers: Private	Mobile:

Important notes for applicants

Thank you for applying for a position with our centre. Please ensure you have a copy of the job description and person specifications before completing this application.

- 1. Please fully complete this form personally. Read it through then answer all questions and make sure you sign and date where indicated on the last page.
- 2. Attach a covering letter that includes a brief description of why you want this position and why you feel you would be the best candidate.
- 3. Attach a curriculum vitae (CV) containing any additional information. If you include written references, please provide current contact details, for the writers and note that we may contact them.
- 4. Only copies of qualification certificates should be attached, rather than original documents. If you are successful in your application, note that you will be required to provide originals.
- 5. If you are selected for an interview, you may bring whānau/support people at your own expense. Please advise if this is your intention.
- 6. Failure to complete this application and answer all questions truthfully may result in any offer of employment being withdrawn or your employment being terminated if any information you provide is later found to be incorrect or misleading.

- 7. Shortlisted applicants will be asked to give consent to a police vet. It is a requirement in the Education Act 1989 for all employees.
- 8. In terms of Criminal Convictions, the Criminals Records (Clean Slate) Act 2004 provides certain convictions do not have to be disclosed if:
- * You have not been convicted of any offence within 7 (consecutive) years of your last conviction; and
- * You have never been sentenced to imprisonment, home detention or any other custodial sentence (Including corrective training and borstal); and
- * You have never been convicted of a specified offence (specified offences are set out in the Clean Slate Act and are sexual in nature); and
- * You have never been ordered by a Court following a criminal case to be detained in hospital due to your mental condition, instead of being sentenced; and
- * You have never been indefinitely disqualified from driving for repeat drink driving offences; and
- * You have paid any fines, reparation, or costs ordered by the Court in a criminal case.

Please note that even if you are not obliged to disclose convictions (i.e. all of the above apply to you), you can do so if you wish. If you are uncertain as to whether you are eligible or not, you should seek advice from the Ministry of Justice.

9. This application form and supporting documents will be held by the centre. You may access these documents in accordance with the provision of the Privacy Act 1993.

If you have any queries, please contact the person cited in the advertisement.

EDUCATIONAL QUALIFICATIONS

Please state your last secondary level qualification:			
Please state your tertiary-level qualification(s), which institution it was issued by and the year it was conferred:			
Please state any other qualification relevant to the position:			
If you are applying for a teaching position, please confirm your registration status and practicing certificate number. Include details of any restrictions.			
Can you hold an everyday conversation Please provide details:	ion in any language other than English	? Yes/No	

EMPLOYMENT HISTORY

Please outline your most recent employment history, beginning with your current or latest job. Please note that we require your last 5 years employment history.

Period Worked	Employer's Name	Position Held	Reason for Leaving

<u>REFEREES</u>

Please provide the names of three people who could act as referees for you. At least one of these should be able to attest to your work performance in your current or most recent role. Referees are required to be from people that you have worked under e.g. Head Teacher, Manager, and Employer. If you have included written references from people other than those recorded below, please note that we may contact the writers of these references.

Name	Address/Email	Telephone	Relationship

Please note: If you do not list your current employer as a referee you may be appointed to the position subject to a reference from them.

PLEASE TICK APPROPRIATE BOXES

Are you a New Zealand Citizen?	Yes	No
If not, do you have resident status? Or	Yes	No
A current work permit?	Yes	No
Have you ever had a criminal conviction?	Yes	No
If yes, please detail:		
Have you ever been convicted of a traffic offence which resulted in temporary or permanent loss of license or imprisonment?	Yes	No
If yes, please detail:		
Are you awaiting sentencing or currently have charges pending for any offence?	Yes	No
If yes, please detail:		
Have you ever been performance managed in an employed Position?	Yes	No
If yes, please detail:		
Have you ever been subject to an investigation by the Teachers Council?	Yes	No

If yes, please detail:		
In addition to the information provided above, are there any	Yes	No
other factors that we should know to be able to assess your suitability for appointment and ability to do the job?		
If yes, please detail:		
HEALTH ISSUES If necessary you may be required to undergo a pre-employment rewhich will be met by the centre.	nedical check,	the costs of
Do you have any known health conditions of any kind, which may affect your ability to effectively carry out the functions and responsibilities of the position applied for?	Yes	No
If yes, please detail:		
Have you suffered any injury or illness that may affect your ability to effectively carry out the physical requirements, functions and responsibilities of the position applied for (eg, a previous back injury, carpel tunnel, tennis elbow or any other repetitive strain injury)?	Yes	No
If yes, please detail:		

Are you on any medication which may affect your performance in the position that you have applied for?	Yes	No
If yes, please detail:		
Have you had any injury or medical condition caused by gradual process, disease of infection, such as occupational overuse syndrome, stress or repetitive strain injuries, which the requirements of this position may aggravate of contribute to?	Yes	No
If yes, please detail:		
Have you ever claimed accident compensation? If yes, please provide details:		
Do you smoke?	Yes	No
SKILLS AND EXPERIENCE RELATED TO THE POSITION		
Do you have a current driver's license?	Yes	No
Do you have a current first aid certificate?	Yes	No
Please summarise below you Professional Development activities	over the last 1	2 months

I certify that the information I have supplied in this application is true and correct. I understand that if I have supplied incorrect of misleading information, or have omitted any

important information, I may be disqualified from appointment, of employment may be terminated.	or if appointed, my
Signed:	Date: