

APPLICATION FOR EMPLOYMENT – MANAGERIAL ROLES

Application Information and Guidelines

Congratulations on taking the first steps towards a potential career with Discoveries Educare. The information collected in this form is to assist us with understanding important job-related information.

- 1. Please complete all sections of the Application for Employment form and it must be filled by the person applying for the job
- 2. Your Application for Employment form and any other information you provide in support of your application will be treated as confidential
- 3. If your application is successful, this information will form part of the Discoveries Educare Employment Records and the information contained in this form will be used for work related purposes.
- 4. Note that Discoveries Educare normally use an e-mail address as a default contact method, so please ensure that the details provided in your application are correct.
- 5. The completion of this form does not indicate that there is any obligation on the part of the company to engage the applicant.
- 6. Discoveries Educare may retain the information contained in this application form you're your permission for the purposes of considering your suitability for any other position which may arise with this Company

Vacani	cy information	
Positio	n Applied for:	Location:
Date o	f Application:	<u> </u>
How d	id you hear about this vacancy:	
We ha	ve multiple centres across Auckland	l, would you be prepared to travel to other locations: (tick)
0	Albany	o New Lynn
0	Henderson	 New Market
0	Highland Park	o Papakura
0	Kelston	 Papatoetoe
0	Mangere	o Te Atatu
0	Mount Wellington	o Wairau Valley
Have y	ou ever been employed by Discove	ries Educare in the Past O Yes O No
If you l leaving	·	question please provide details including dates, and reason fo
If your	application is successful when coul	d you commence employment?



Personal Information

Family Name:		First Name:		
Middle Name:		Preferred Name:		
Are you known by any other name? Ple	ase state:			
Address:				
Mobile No:	H	ome phone no:		
Email Address:				
Right to Work in New Zealand				
Are you a New Zealand Citizen	0	Yes- Go to next section		
	0	No -Go to next question		
Do you have a permanent residency?	0	Yes		
	0	No -Go to next question		
What is your Country of Citizenship? _				
Visa Type:	Date of E	expiry:		
.				
Registration				
Do you have NZ Teacher registration?	O Yes	○ No		
If yes, please provide your registration	number: _			
Type: OFull O Provisional Expir	· ·			
Type. Ordii O Flovisional Expir	у			
The education sector your registration	is for? EC	E / Primary / Secondary/Other		
Are there any conditions (either previous O Yes O No	us or curre	ent) placed upon you by the education council?		
If yes give details:				



Qualification

Provide full details of the qualifications you hold that are relevant to the position applied

Do you hold a current first aid certificate? Yes / No Expiry	
Oo you have a current driver's license? f yes, what class? Employment History	
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Oo you have a current driver's license? f yes, what class? License number: Employment History	
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f yes, what class? License number:	
f yes, what class? License number:	
Employment History	
Please ensure a minimum 5 years of employment/occupation history is listed. If at any st	
, , , , , , , , , , , , , , , , , , , ,	age you
vere unemployed during this time then please mention the details:	
Start date Finish date Employer Location Position held Reason for leav	ing

Referees

Give names and contact details of at least two referees. (Former Employer/Manager/Colleague) Please note, this cannot be a friend or someone who has known for you for less than 6 months.

Name	Position	Organization	Phonenumber



Criminal Conviction.

	ever been convicted of a criminal offence or do you know of any reason why the police might rou a risk to children or as an employee?
○ Yes	O No
Have you	been the subject of a Diversion ordered by the Courts?
○ Yes	O No
Are you a	waiting the hearing of charge in a civil or criminal court of law?
○ Yes	O No
Has any p	revious employer taken disciplinary action regarding you?
○ Yes	O No
If you hav	e answered yes to the previous question, please provide details
Health &	Safety
whether y the requir	se of gathering the following information is to enable Discoveries Educare to determine ou have any medical condition, injury, or impairment which may affect your ability to perform ed work. It will also identify any areas where there could be a health and safety risk to yourself
	relating to a condition, previous injury, or impairment.
•	ever been treated or hospitalized for a mental illness or injury or condition that would have our ability to carry out fully the functions and responsibilities of the position applied for?
•	ever been treated or hospitalized for a mental illness or injury or condition that would have
affected y O Yes Have you your ability	ever been treated or hospitalized for a mental illness or injury or condition that would have our ability to carry out fully the functions and responsibilities of the position applied for?
affected y O Yes Have you your ability	ever been treated or hospitalized for a mental illness or injury or condition that would have our ability to carry out fully the functions and responsibilities of the position applied for? O No had any condition, problems, injury, illness, disability or condition that would have affected by in the past or may affect your ability to carry out fully the functions and responsibilities of
affected y Yes Have you your abilit the position Yes Are you on	ever been treated or hospitalized for a mental illness or injury or condition that would have our ability to carry out fully the functions and responsibilities of the position applied for? O No had any condition, problems, injury, illness, disability or condition that would have affected by in the past or may affect your ability to carry out fully the functions and responsibilities of on applied for?
affected y Yes Have you your abilit the position Yes Are you on	ever been treated or hospitalized for a mental illness or injury or condition that would have our ability to carry out fully the functions and responsibilities of the position applied for? O No had any condition, problems, injury, illness, disability or condition that would have affected by in the past or may affect your ability to carry out fully the functions and responsibilities of on applied for? O No n any medication or under medical treatment or regularly ingest any substances that may
Affected y Yes Have you your abilit the position Yes Are you or affect your Yes	ever been treated or hospitalized for a mental illness or injury or condition that would have our ability to carry out fully the functions and responsibilities of the position applied for? O No had any condition, problems, injury, illness, disability or condition that would have affected by in the past or may affect your ability to carry out fully the functions and responsibilities of on applied for? O No n any medication or under medical treatment or regularly ingest any substances that may rability to carry out fully the functions & responsibilities of the position applied for?



Have you ever suffered from any injury requiring t	ime off work?	
○ Yes ○ No		
Have you ever claimed accident compensation? (A	(CC)	
○ Yes ○ No		
Do you have any physical or other conditions that	t would make it	difficult for you to:
Hear a child cry from 6 metres away?	○ Yes	O No
Sit on the floor without support?	○ Yes	O No
Move very quickly?	○ Yes	O No
Be on your feet for several hours?	○ Yes	O No
See a child clearly from 6 metres away?		O No
Pick up a child?	○ Yes	○ No
Pick up toys and equipment from the floor? O Yes O No		
If you answered yes to any of the above questions	in this Health se	ection, please provide full details her
General Information		
What transport arrangement do you have to atter	nd your place of e	employment?
Do you smoke?		
○ Yes ○ No		
Do you belong to any union?		
O Yes O No		



Application Questionnaire

1.	What was your role and duties with your most recent employer?
	What was your role and daties with your most recent employer.
2.	What is your understanding of the role you have applied for?
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3.	What do you feel will be the greatest challenge for you in this role?
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4.	What is your understanding of primary caregiving / key teaching?
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5.	In what ways do you empower children to participate / take ownership of their own learning?
6.	Why it is important for you as a leader to monitor / support other teachers?
7.	In what ways do you value parent relationship?
8.	Have you ever been convicted of an offence? If yes, please provide full details and outcome.



9. Have you ever had formal disciplinary actions or complaints against you during employments	ent?
and the second s	
10. How do you feel being left alone in a room with children, and why?	
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11. In what areas would you like to develop your skills?	
12. Would you like to share your interests, hobbies?	
12. Would you like to share your interests, hobbies.	



DECLARATION

I acknowledge that I have read all the instruction information and guidelines.

I understand that the information I have supplied on this application form is to assess my suitability for employment with Discoveries Educare.

If shortlisted, I authorize Discoveries Educare to contact the aforementioned referees to obtain information about me in the form of personal and employment related references. I understand that I will not be provided with any evaluative information given to Discoveries Educare by the listed referees.

I understand that I could be requested to provide consent to pre-employment Health Checks and/or a Drug & Alcohol test as part of the assessment process. I understand that the results of these pre-employment checks may result in Discoveries Educare discontinuing with the selection process.

As part of this application, I understand and agree that a CV accuracy check, qualification check and criminal record check will be completed.

I acknowledge that I have read, understood, and agree to the above conditions.

I declare that to the best of my knowledge, the answers to the questions in this application are true and correct. I understand that if any false information is given, or any material fact suppressed, I may not be accepted for employment, or if I am employed, I may be dismissed without notice.

Name:	Signature:	Date: