

APPLICATION for EMPLOYMENT

The information is used for assessing your suitability for employment. If you are successful it will become part of Kindercare's confidential files and may be accessed by you by asking our Support Office. If unsuccessful the form will be destroyed unless you indicate that you would like us to retain a copy.

Position Details				
Position Applied for	Location			
Personal Details				
Surname Given Names	Preferred/Previous Name			
Current Address				
Home Ph	Mobile			
Ethnicity (optional for EEO Statistics)	Email			
In the event that we may need to contact someone for you in	an emergency, please provide the following details:			
Emergency Contact Person Relationship	Home Ph Work / Mob			
Other Details				
1. Can we contact you at work? Yes / No If Yes, Work Ph				
2. How did you find out about this vacancy?				
3. Have you ever worked for Kindercare, Living & Learning or NZTC before? Yes / No If Yes, when and where?				
4. Have you interviewed with Kindercare for other roles? If yes, what role/centre and when?				
5. Are you currently registered with a recruitment agency? Yes /	No If yes, which Agency?			
6. Have they referred you to Kindercare for any role? Yes /	No If yes, what role and when?			
7. Do you know anyone that is currently working for Kindercare?				
8. If your application is successful, when are you able to commence work?				
9. Are you legally entitled to work in New Zealand? Yes	No (Please supply certified copy of permit or residency)			
10. Are you 17 years of age or older? (Legal requirement) Yes	/ No Date of Birth//			
11. As part of the Children's Act 2014, Kindercare are required to police vet all potential employees. Have you ever been the subject of diversion by the police, had any criminal charges, pending charges or convictions of any nature laid against you? Yes / No (if yes, please explain)				
12. Have you ever been the subject of a Protection Order or prohiviolence issues involving children or been investigated and sa Yes / No (if yes, please explain)				
13. Have you ever been; the subject of a performance management plan or disciplinary action; dismissed from a previous employer or the subject of a Teachers' Council or Educational Council NZ notification? Yes / No (if yes, please explain)				
14. Have you undertaken any child protection training? Yes / No If yes, with whom?				
15. Do you have a current, full NZ Drivers Licence? Yes / No If Y Yes/No	es, would you transport children in a Kindercare van?			
16. Do you have a current First Aid Certificate? Yes / No	Expiry Date			
17. Are you a registered teacher? Yes / No Regis	tration No Expiry Date			

18. If you are applying for registration, is this subj	ect to an NZQA assessment or IELTS? <i>(if y</i>	/es, please explain)
19. Registration Type (please circle) Full / Provi	sional / Subject to Confirmation (if STC, plea	se explain)
20. Have any reports, notes or annotations ever k NZ Register? Yes / No (if yes, please explain		on on the Teaching Council
21. Have you held full registration for longer than	2 years? Yes / No	
22. If you speak a language other than English pl	ease specify	
Special Talents or Skills	Leadership Experience	9
•	·	
Qualifications and Skills		
Qualification	Institution	Dates
	_	
Work Experience		
Please describe your work experience, including any vi	olunteer work, covering a minimum of 5 years sta	arting from the most recent
Organisation	Address	
Position Held	/Start Date//	End Date//
Main Duties		
Reason for Leaving		
Organisation		
Position Held	/Start Date//	
Main Duties		
Reason for Leaving		
Organisation	Address	
Position Held	/	End Date//
Main Duties		
Reason for Leaving		
-		
Medical1. Have you made any previous ACC claims?	Vac / No. (if you please explain)	
1. Trave you made any previous ACC cialins?	res / NO (II yes, please explain)	
Do you have any medical condition, illness or the tasks required for the position you have a		
3. A position in one of our centre's does require job. This includes you being able to at times I to move freely around including to quickly at have no physical impairment or health conditing Yes / No	lift and carry children up to 5 years of age, fr ttend occasional emergency situations. Car	requent sitting and getting up n you please affirm that you

current or most recent	t role. (We prefer that this inc confidence). (<i>Referees shoul</i>	ludes a current or previous e	to attest to your work performance in your employer contact and you accept that such r, Manager or Supervisor. Not a colleague
, ,	Referee 1	Referee 2	Referee 3
Name			
Position/Relationship			
Company			
Phone Number			
Email			
Declaration			
affect the outcome of the suitability for the position check from any source a interpretation of informa discovered misleading i employment if it is mater	is application. I give my authorit I I am applying for. I also consen It any time prior to or during my (tion) will not be disclosed to me	ty to contact the referees I have to Kindercare obtaining my Potential to Kindercare obtaining my Potential employment. I understand that a in accordance with the Privacy offormation provided on this form	. ,
Signature: Date:			
	mployed by Kindercare meet the ments and checks have been co		ecified in the Children's Act 2014, please check

Date:

Please provide the names of three referees, not related to you, who can support your application and can comment on

Signature Centre Director:

Referees