



One Tree Hill

COLLEGE

Teacher Application Form

Vision Statement: Our students will achieve excellence, within a positive learning environment, so that they develop into lifelong learners who are motivated, respectful and caring citizens.

Values: Excellence, Aspiration, Innovation, Respect, Responsibility

www.onetreehillcollege.school.nz

Please note:

This is a confidential document. Its contents will be held by the school and disclosed only to those assisting with the appointment process. At the conclusion of the appointments process, this application:

- Will be destroyed if the applicant is unsuccessful
- Will be held on the confidential personnel file of the successful candidate

JOB DETAILS	
Vacancy as advertised	
Closing Date	

(Please circle the appropriate response)

PERSONAL DETAILS	
Mr Mrs Ms Miss (Please Circle) Other _____	
Surname	_____
First Names (in full)	_____
Are you known by any other name	_____
Full Postal Address	_____ _____
Home Phone	_____ Postal Code _____
Mobile Phone	_____ Work Phone _____
Email Address	_____

CITIZENSHIP / RIGHT TO WORK (if applicable please attach a photocopy of the visa with your application)	
Are you a New Zealand citizen	Yes / No – go to next question
Do you have Permanent Residence status?	Yes / No – go to next question
Do you have a current Work Permit?	Yes Visa Type: Visa Number:
	No you may not be eligible to be employed in New Zealand

NEW ZEALAND PRACTISING CERTIFICATE (please provide a photocopy of your registration)	
Teacher Practising Certificate Number _____	MOE Number _____
Teacher Practising Certificate Expiry _____	
Certificate Status	<input type="checkbox"/> Full <input type="checkbox"/> Provisional <input type="checkbox"/> Subject to Confirmation

RELEVANT QUALIFICATIONS / CERTIFICATES – include teacher training			
Institution Attended	Year/s	Qualifications / Certificate Attained	Date Awarded

EMPLOYMENT HISTORY

Please list your work experience for the last five years beginning with your most recent position.

Please explain any gaps in employment. If you were self-employed, give details. Attach additional sheets if necessary.

Period worked (please specify the start and end dates)		Employer's name (or reason for gap in employment)	Position held	Reason for leaving
Start Date	End Date			
	to			
	to			
	to			
	to			
	to			
	to			

SUBJECTS TAUGHT

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RELEVANT RELATIONSHIPS

Are you related to any One Tree Hill College employee or Board Member?

Yes / No

If Yes, please provide details _____

CO-CURRICULAR ACTIVITIES

A commitment to the co-curricular life of the school is expected of successful applicants. Please indicate what commitment you would make to sport, performing arts, or cultural activities.

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PROFESSIONAL MEMBERSHIPS

REFEREES

Please provide the names of three people who could act as referees for you. At least one of these should be your current or most recent employer. Please indicate which referee is your current/previous employer in the table below. 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: _____
 Organisation _____
 Position/Relationship _____ Mobile No. _____
 E-mail _____

Name: _____
 Organisation _____
 Position/Relationship _____ Mobile No. _____
 E-mail _____

Name: _____
 Organisation _____
 Position/Relationship _____ Mobile No. _____
 E-mail _____

Please be aware that the Board, or nominated representative, may approach persons other than the referees whose names have been supplied, to gather information related to your suitability for appointment to the position.

CRIMINAL CONVICTIONS

Note: The One Tree Hill College Board of Trustees requires you to disclose all convictions unless they are covered by the Criminal Records (Clean Slate) Act 2004.

WHAT MUST YOU DISCLOSE?

You must declare all of your convictions in the table below if you have:

- Been convicted of an offence within the last 7 years
- Been sentenced to a custodial sentence (e.g. imprisonment, corrective training, borstal)
- Been ordered by a Court during a criminal case to be detained in a hospital due to your mental condition, instead of being sentenced
- Been convicted of a 'specified offence' (e.g. sexual offending against children and young people or the mentally impaired)
- Not paid in full any fine, reparation or costs ordered by the Court in a criminal case
- Been indefinitely disqualified from driving under section 65 of the Land Transport Act 1998 or earlier equivalent provision.

PLEASE ANSWER THE FOLLOWING BASED ON THE ABOVE CRITERIA. TICK ONE BOX ONLY:

- No, none of the above criteria applies to me or I have no convictions. *Go to the next section*
- I am awaiting sentencing or have charges pending. *Complete table below*
- Yes, at least one of the criteria applies. *Complete Table below*

DISCLOSURE OF CRIMINAL CONVICTIONS

Offence	Year Committed	Details of Fine/PD/Supervision/Imprisonment

OTHER INFORMATION

Have you had an injury or medical condition caused by gradual process, disease or infection – for example hearing loss, occupational overuse syndrome – which the tasks of this job may aggravate or contribute to?

Yes / No If yes, please give details of the injury/condition below. How is your performance likely to be affected?

Do you have a current Full New Zealand drivers licence?

Yes / No

Number:

Do you have a current First Aid certificate?

Yes / No

Organisation:

PRIVACY ACT 1993

This application is submitted with the understanding that any further information given is for the use of the employer and their authorized representatives who may at any time have access to this information.

Furthermore, consent is given for members of the One Tree Hill College Board of Trustees or nominated representative to make enquiries of my present or past employers or colleagues or any other person who may assist in establishing my suitability for appointment to the position.

Applicant's Signature:

Date:

EVIDENCE OF IDENTITY

Please attach to your application two forms of identification as detailed below. If short listed, please bring originals with you so that these can be sighted.

- Primary Identification Document* - this includes NZ passport, overseas passport, NZ emergency travel document, NZ refugee's travel document, NZ certificate of identity, NZ firearms licence, NZ full birth certificate (issued on or after 1/1/1998 and must carry a unique ID number), NZ citizenship certificate
- Secondary Identification Document* - this includes NZ drivers licence, 18+ card, Community Services Card, SuperGold/Veteran SuperGold card, NZ student photo identification card, NZ employee photo identification card, NZ electoral roll record, IRD number, NZ issued utility bill (issued not more than 6 months earlier)
- One of the above must be photographic

DECLARATION

I certify that:

- The information provided is correct and no relevant material/information has been omitted
- I know of no reason why I would not be suitable to work with children/young people
- I know that this information will be used for the purposes of processing this application and any review that may result from an appointment. (Please note that if you give any incorrect or misleading information or have omitted any important information during the appointment process, you may be disqualified from consideration or, if appointed, be liable for dismissal.)

I solemnly and sincerely declare that to the best of my knowledge and belief the information given in this application and in my CV is correct.

Applicant's Signature:

Date:

OTHER INFORMATION TO BE SUBMITTED

- EEO Information (overleaf)
- A formal letter of application
- CV
- Copy of registration
- Copies of Evidence of Identity Documentation

EQUAL EMPLOYMENT OPPORTUNITY (EEO) STATISTICAL INFORMATION

To comply with the State Sector Act 1988, we are required to collect statistical information to monitor Equal Employment Opportunities. This information is voluntary and is gathered for statistical purposes only. **It will not form part of your application** for this position.

Please tick the appropriate boxes: Female Male

Ethnicity:

- | | |
|---|---|
| <input type="checkbox"/> Pakeha/New Zealand European | <input type="checkbox"/> Māori |
| <input type="checkbox"/> Asian (Please specify) _____ | <input type="checkbox"/> Pasifika (Please specify) _____ |
| <input type="checkbox"/> Other European (Please specify) _____ | <input type="checkbox"/> Other ethnic origin (Please specify) _____ |
| <input type="checkbox"/> Middle Eastern/Latin American/African (Please specify) _____ | |

Disability

The following is the *Recommended International Standard of Disability* used by the World Health Organisation:

‘Activity is limited by a long-term condition or health problem that has lasted six months or more (or is expected to last six months or more).’

Do you consider yourself to be in this category?

- Yes No