



TE AWAMUTU COLLEGE

Application for Teacher Employment

The Board of Trustees of Te Awamutu College acknowledges that a fundamental prerequisite of a successful and high achieving school is the employment of dedicated, enthusiastic, professional staff.

This application for employment with Te Awamutu College is to be personally completed by the applicant. If you answer YES to any question, you must provide further information.

The information supplied on this application form is to assist in assessing your suitability for the position applied for, and will be held securely and confidentially. The information will be restricted to those involved in the employment process, and will not be disclosed to a third party without your authorisation, except as required by law. Information on successful candidates will form part of the employment records. Information on unsuccessful candidates will be confidentially destroyed.

You should complete this application, as and where applicable, truthfully, and appreciate that failure to do so may render this application invalid and that, should you be successful in your application, such failure may be grounds for instant dismissal.

STATEMENT OF THE PRIVACY ACT

In accordance with the provisions and regulations of the Privacy Act, 1993, I hereby give the Board of Trustees of Te Awamutu College permission to contact my referees and/or the Principal of schools in which I have taught and/or any other such person or agency, to gain such information as is required for Te Awamutu College to ascertain my suitability for appointment to a position at Te Awamutu College.

DECLARATION: I have read, understand and agree to the foregoing.

SIGNED: DATE:

POSITION APPLIED FOR:			
NAME:	First Name	Surname	
ADDRESS:			
PHONE:	Work	Home	Mobile
E-MAIL ADDRESS:			

TEACHER REGISTRATION:

Registration Number:		Expiry Date:	
Category:	FULL <input type="checkbox"/>	PROVISIONAL <input type="checkbox"/>	SUBJECT TO CONFIRMATION <input type="checkbox"/>
Have you ever been dismissed from any teaching position?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Have you ever been refused registration or classification as a teacher in any country?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Have you ever had registration or classification as a teacher cancelled in any country?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	

ELIGIBILITY: NZ Immigration legislation limits employment in NZ to NZ citizens, residents, or holders of a current work permit. Evidence of eligibility to employment in NZ will be required prior to any offer of employment.

Are you a citizen or resident of a country other than New Zealand?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
If YES, do you hold a current work permit for New Zealand?	YES <input type="checkbox"/>	NO <input type="checkbox"/>

ATTENDANCE RECORD:

Have you been absent from work for a period exceeding 3 days other than for school holidays in the last year? If YES, please provide brief details:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you suffer from any illness or injury or other disability that may adversely affect your performance, regular attendance, personal safety, or safety of others? If YES, please provide brief details:	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Do you have any commitments or interest(s) that may interrupt your regular attendance at work? If YES, please provide brief details:	YES <input type="checkbox"/>	NO <input type="checkbox"/>

GENERAL:

Te Awamutu College encourages staff participation in extra-curricular activities. What extra-curricular area is of interest to you, and that you would you be willing to assist with?	
If your application is successful, when would you be able to commence employment?	

EMPLOYMENT HISTORY:

Please list your TWO MOST RECENT employers:

EMPLOYER:		From:	To:
POSITION(S) HELD:			
REASON FOR LEAVING:			

EMPLOYER:		From:	To:
POSITION(S) HELD:			
REASON FOR LEAVING:			

REFEREES:

Please list TWO referees whom we may contact for a reference:

NAME:		NAME:	
RELATIONSHIP:		RELATIONSHIP:	
PHONE: (Home) (Work) (Mobile)		PHONE: (Home) (Work) (Mobile)	
E-MAIL		E-MAIL	

I CONFIRM that the information provided above is true and correct.

SIGNED: _____ **DATE:** _____