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APPLICATION FOR EMPLOYMENT

Resource Teacher Learning and Behaviour Cluster 40 - Southland



Aurora College
Te Mūranga a Rangī

Under the Privacy Act 1993, all information given will be treated as confidential and will only be made available to those involved in the selection and appointment process.

Unsuccessful applications will have their curriculum vitae returned to them where possible and any others will be destroyed once the appointment process is complete.

For ease of processing and photocopying, please do not send CVs and applications bound or in folders.

Please check that you have supplied the required information and mark the boxes off as you go.

PERSONAL DETAILS

(please print clearly)

Title (eg Mr, Ms, Mrs, Ms, Dr)

Family Name	First Name(s)
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Postal Address

Teacher Reg. No: _____	Expiry Date: _____
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Other contact details:

(delete as appropriate)

Home telephone number: 1. Leave Message
2. Don't leave message
Business telephone number: 1. Leave Message
2. Don't leave message

Alternative number for messages:

or email address:

CURRICULUM VITAE CHECKLIST

Applicants are asked to complete this Application for Employment form and return it with a covering letter of application and a Curriculum Vitae for the position applied for. Your Curriculum Vitae should contain the following:

- Full employment history (most recent position first)
- Education, training and qualifications relevant to this position.
- Specific skills, strengths and abilities relevant to this position.
- Names and contact details of three referees, who have recent professional contact with you and who can substantiate your suitability for this position.
- Any other relevant information and experience.

	<p>CITIZENSHIP <i>(please tick the appropriate box)</i></p> <p><input type="checkbox"/> NZ Citizen <input type="checkbox"/> Require NZ Work Permit</p> <p><input type="checkbox"/> Permanent NZ Resident <input type="checkbox"/> Hold NZ Work Permit</p>
<p>The information under the heading <i>Health</i> is required to assist the School to meet its obligations under the Health and Safety Act 1992 and the Accident Rehabilitation and Compensation Insurance Act 1992</p> <p>The Acts require that where possible we should reasonably accommodate applicants with such conditions.</p>	<p>HEALTH</p> <p>Have you had an injury or medical condition caused by gradual process, disease or infection – for example, hearing loss, sensitivity to chemicals, repetitive strain injuries – which the tasks of this job may aggravate or contribute to?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please give details and describe any technical aids, equipment or adaptations to the workplace which you would need to make your work easier and/or increase your performance.</p>
<p>The information under the heading <i>Court Convictions</i> is required because some convictions will be unacceptable in some positions.</p> <p>If yes, you may be asked for further details at interview.</p>	<p>COURT CONVICTIONS</p> <p>Have you been convicted of any offence against the law in the last ten years?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are you awaiting sentencing/currently have charges pending?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>It would be appreciated if you would also complete the attached sheet of EEO statistical information. That page will be detached from your application on receipt.</p>	<p>DECLARATION</p> <p>I declare that to the best of my knowledge, the answers to the questions asked here and all information submitted with my application are correct. I understand that if any false information is given, or any material fact suppressed, I may not be employed, or if I am employed, I may be dismissed. I give consent to the Establishment Board or appointed advisor to contact my referees in relation to my application for this position and to make inquiry to previous employers, or other persons, or institutions deemed necessary to satisfy the Board as to the suitability of the applicant for a position in the new school.</p> <p>Signature:</p> <p>Date:.....</p>

REFEREES

Provide details of two people who may be contacted to provide reference statements:

Name:

Position:

Capacity known to you:

Address:

Phone (Business):

(Home):

Name:

Position:

Capacity known to you:

Address:

Phone (Business):

(Home):

AURORA COLLEGE

The information requested on this page is voluntary only.

However, if you would provide this information we would very much appreciate it.

This sheet will be detached from your application prior to the selection process.

This information is used to monitor whether our methods of advertising and supplying information to potential applicants are resulting in a diverse range of applications and whether our appointments are reflecting our aspirations to be an equal opportunity employer.

Many thanks for answering these questions. If you have any comments relating to the EEO issues raised by this part of the application form, we welcome your feedback.

APPLICATION FOR EMPLOYMENT

STATISTICAL INFORMATION

1. How did you first find out this position is available?

- Education Gazette
- Someone told me/I knew from my workplace
- Web Site
- Newspaper advertisement – which paper?.....
- Other – please state

2. Ethnicity

- NZ Pakeha/European NZ of Asian descent
- Maori Pacific Nation
- Other, please state

3. Gender

- Male Female
- day month year

4. Date of Birth

5. Do you have any disability or health related difficulty that has affected your employment or made access to employment or staff development difficult?

- Yes If you have no objection, we would appreciate further details
- No

6. If you are shortlisted for interview, will you consider bringing whanau or a support person with you to the interview?

- Yes No