



KAPITI COLLEGE

APPLICATION FOR EMPLOYMENT FORM

This form is to be completed and attached to a letter of application and Curriculum Vitae.

Position applied for:

Full Name

Address :

Email address :

Telephone numbers : Home: Cell phone:

If selected for an interview, will you be accompanied by a whanau or support person: Yes/No

For teaching positions only

Teacher registration status :

Teacher registration number :

Teacher registration expiry date :

For support staff positions only

Do you have a current successful police vet? Yes/No

If no, any offered employment will be subject to a successful police vet before and during employment with Kāpiti College.

2.

Do you have, or have you ever had, a medical condition caused by gradual process, or an injury, illness or disability which the tasks of the job may aggravate or contribute to, or which may affect your ability to carry out the work of the position(s) for which you have applied?

Yes/No If Yes, give brief details:

Referees :

Please provide the names, job title and cell phone details of two referees whom you authorise Kāpiti College to contact on a confidential basis. It is preferable that one of these referees is your current employer.

1

2.

Authorisation/Declaration

In submitting this application for employment for this vacancy, I acknowledge that the information supplied by me will be used to enable the appointment of the person who is best suited to the position and in this regard authorise Kāpiti College to contact any named referees provided by me and, authorise those named referees to disclose information to Kāpiti College.

I accept that if I have given incorrect or misleading information, or have omitted any pertinent information in this form, CV or supporting papers, I may be disqualified from appointment or, if appointed, liable to be dismissed.

I give Kāpiti College the authorisation set out above and declare that statements made in this application and supporting papers I have provided are true and complete to the best of my knowledge.

Signature of Applicant _____ Dated _____