

# Little Scholars Early Learning Centres

## APPLICATION FOR EMPLOYMENT

The information given in this application will be used for assessing your suitability for the position for which you are applying. If you are successful it will become part of Little Scholars files and may be accessed by you by asking the Centre Manager  
Please complete this application form, attach your curriculum vitae and any other documents and hand deliver to Little Scholars.

### POSITION DETAILS

Position applied for: ..... Date of application: .....

### PERSONAL DETAILS

Surname: ..... Given names: ..... Preferred name:.....

Address: .....

Home Phone number..... Mobile number:.....

Email Address: :.....

Can we contact you at work?  Yes  No If "Yes" - work number:.....

Have you ever worked for Little Scholars before?  Yes  No If so, when? .....

If your application is successful, when are you able to commence work? .....

In the event that we contact to contact someone for you in case of an emergency situation, please provide:

#### Emergency contacts

Persons name: ..... Relationship:.....

Address:.....

Home phone number: ..... Work / Cell phone number:.....

Are you legally entitled to work in New Zealand?  Yes  No *Please provide a copy of permit / residence*

Are you 17 years of age or older?  Yes  No Date of birth (optional) .....

Do you have any criminal convictions of any nature that may affect the relationship of trust and good faith between an employer and an employee?  Yes  No

Are you awaiting the hearing of criminal charges?  Yes  No

If you have answered "yes" to either of the two questions above, please give details: .....

### QUALIFICATIONS AND SKILLS

Do you have a current, full NZ drivers licence?  Yes  No

Do you have a current First Aid Certificate?  Yes  No Expiry Date: .....

Are you a registered teacher?  Yes  No Registration Number:..... Expiry Date: .....

Registration type:  Full  Provisional  Subject to confirmation

Have you held FULL registration for longer than 2 years?  Yes  No

Qualification	Institution	Dates

Note any SPECIAL TALENTS, SKILLS	LEADERSHIP EXPERIENCE

## PREVIOUS EMPLOYMENT DETAILS

Please describe your work experience, starting from the most recent:

Organisation: ..... Address: .....

Position Held: ..... Start date: ..... End date: .....

Main duties: .....

Reason for leaving: .....

Organisation: ..... Address: .....

Position Held: ..... Start date: ..... End date: .....

Main duties: .....

Reason for leaving: .....

Organisation: ..... Address: .....

Position Held: ..... Start date: ..... End date: .....

Main duties: .....

## MEDICAL DETAILS

Have you ever been treated or hospitalised for a mental disorder?  Yes  No If "yes" please explain: .....

Are you at present receiving medical treatment and/or medication?  Yes  No If "yes" please explain: .....

Do you wear corrective lenses or contact lenses?  Yes  No

Do you have a hearing disability?  Yes  No

Have you EVER suffered injury or stress to the back?  Yes  No If "yes" please explain: .....

State any serious injury or illness you have suffered that may affect your ability to effectively carry out the functions and responsibilities of the position applied for? .....

Do you have any other known condition that may affect your ability to effectively carry out the functions and responsibilities of the position applied for? If "yes" please explain: .....

Are you able to sit on the floor with out support?  Yes  No If "No" to any of these please explain: .....

Are you able to move very quickly?  Yes  No .....

Are you able to be on your feet for several hours?  Yes  No .....

## REFERENCES

Please provide the names of three people (not related to you) who can support your application and can comment on your recent achievements and abilities.

	Referee One	Referee Two	Referee Three
Name			
Position / Relationship			
Company			
Phone no.			
Email address			

## DECLARATION

I ..... (full name) declare to the best of my knowledge the information contained in this application form and attached curriculum vitae is correct. I declare that I have not withheld any information that may affect the outcome of the application. I give my authority to contact the referees I have nominated for the purpose of ascertaining my suitability for the position I am applying for and to conduct a criminal history and / or a credit worthiness check from any source at any time prior to or during my employment. I understand that any evaluative information (based on opinion or interpretation of information) will not be disclosed to me in accordance with the privacy act 1993.

Signed : .....

Date: .....

JAN 13