

## Employment Application



Position applied for: \_\_\_\_\_

You are requested to personally complete this form;

### PERSONAL INFORMATION UNDER THE PRIVACY ACT 1993

The application form is a source of information that will be used by the Company to consider your suitability for the position for which you are applying. If successful, such information will form part of our personnel records. In accordance with The Privacy Act 1993, you are entitled to access this information upon request.

Failure to supply the information requested may prejudice our ability to assess your suitability for the position.

We would like to keep your application form and CV as part of our records.

If you agree please sign where indicated. If you choose not to sign, and your application is unsuccessful your application form and CV shall be destroyed by the company. The above information is provided in accordance with the Privacy Act 1993.

Name: \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

*Note: The completion of this form does not guarantee that the applicant will be interviewed, and does not create any obligation upon Little Minds childcare to offer any employment to the applicant.*

office use only

CV attached YES/NO

Interview YES/NO

Reference check YES/NO

Police vet check YES/NO

Letter of offer and employment agreement given YES/NO

Offer accepted YES/NO

**Title** (Please circle one)

Mr Mrs Miss Ms

**Surname:** \_\_\_\_\_ **First name:** \_\_\_\_\_

**Known as:** \_\_\_\_\_

**Address details:** \_\_\_\_\_  
\_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Mobile Phone:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**Postal address:** \_\_\_\_\_

(if different from above)

**Place and country of birth:** \_\_\_\_\_

**Are you a NZ citizen? YES/ NO**

Do you have a work permit? \_\_\_\_\_

If YES, can you produce evidence? \_\_\_\_\_

Expiry date of work permit? \_\_\_\_\_

**If successful when could you start work?** \_\_\_\_\_

**Health statement:**

*Information gathered by Little Minds Early Learning Centre regarding your health will not be used as grounds for declining your application for employment unless it affects your ability to perform satisfactorily and safely (in terms of your safety and others) the tasks of the job.*

**With regards to the position being applied for, do you have any disability, limitation, medical condition or other health problems that may:**

- Affect your ability to perform satisfactorily and safely (both in terms of your safety and the safety of others) the tasks of the job for which you have applied? YES / NO
- Be aggravated by performing the tasks for the job for which you have applied? YES / NO

In answering the questions above you should take into account disabilities, limitations, medical conditions and other health problems such as those listed below and tick the box accordingly:

Any infectious or communicable disease

Persistent aches or pains anywhere

Back pain or chronic back condition

Asthma or hayfever

Frequent headaches or migraine

Shortness of breath

Diabetes (high blood sugar)

Vertigo, sensation or dizziness or loss of balance

Fits, blackouts or epilepsy

Vision

Heart disease or high blood pressure

Mental disorders such as chronic depression

Hearing

**If you have answered YES to either (a) or (b) above or ticked any of the boxes above, or you are unsure, please:**

Summarise below the nature of the disability, medical condition and other health problems: \_\_\_\_\_

\_\_\_\_\_

Specify below any special services or facilities that you know of in relation to the disability, limitation or medical condition that would enable you to perform satisfactorily and safely the tasks of the job or eliminate or reduce the aggravation, as the case may be:

## Education and Experience

Name of secondary schools/ Tertiary institutes attended

From \_\_\_\_\_ To \_\_\_\_\_

## Qualifications

**Are you currently studying for an ECE Qualification?**

YES / NO

If YES, please indicate what qualification and level you are working towards \_\_\_\_\_

Expected completion date: \_\_\_\_\_

**Do you have an NZQA recognised early childhood qualification?**

YES / NO

If YES, what qualification do you hold? \_\_\_\_\_

Year of completion: \_\_\_\_\_

Please supply a certified copy of this

**Do you have current Teacher Registration?**

YES / NO

If YES what is your registration status?

Provisional/full/Subject to confirmation

What is your teacher registration number? \_\_\_\_\_

On what date does your registration expire? \_\_\_\_\_

If NO have you applied for registration and on what date? \_\_\_\_\_

Please supply a certified copy of this

**List the languages you are fluent in:** \_\_\_\_\_

## General

**Do you have a current first aid certificate?**

YES/NO

If YES what is the expiry date? \_\_\_\_\_ Please supply a copy of this

**What are your interests / hobbies, sports clubs or community activities?** \_\_\_\_\_

**Have you previously been employed by Little Minds Early Learning Centre?**

If YES, please specify

**Do you have a current drivers licence? YES /NO**

Drivers licence number \_\_\_\_\_

Class (or classes) of licence \_\_\_\_\_

**Do you have any cases pending which could affect your licence? YES /NO**

If YES please give details

**Have you ever been dismissed from employment because your work or conduct was unsatisfactory?**

YES / NO

**Are you prepared to accept additional hours of work from time to time?**

YES / NO

**Do you have secondary employment or other business outside of your normal work?**

YES/NO

**Have you ever received ACC for any reason, or been absent from work for more than 5 days (other than annual leave)? YES /NO**

If YES please give details

**How did you find out about this vacancy?** \_\_\_\_\_

**Employment History** (start with most recent employer)

**Name of company:** \_\_\_\_\_

Address: \_\_\_\_\_

Employed from: \_\_\_\_\_ To: \_\_\_\_\_

Position held: \_\_\_\_\_ Salary: \_\_\_\_\_

Main duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Contact person: \_\_\_\_\_ Phone number: \_\_\_\_\_

Circle if you nominate this person to be one of your referees: YES / NO

**Name of company:** \_\_\_\_\_

Address: \_\_\_\_\_

Employed from: \_\_\_\_\_ To: \_\_\_\_\_

Position held: \_\_\_\_\_ Salary: \_\_\_\_\_

Main duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Contact person: \_\_\_\_\_ Phone number: \_\_\_\_\_

Circle if you nominate this person to be one of your referees: YES / NO

**Name of company:** \_\_\_\_\_

Address: \_\_\_\_\_

Employed From: \_\_\_\_\_ To: \_\_\_\_\_

Position held: \_\_\_\_\_ Salary: \_\_\_\_\_

Main duties: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Contact person: \_\_\_\_\_ Phone number: \_\_\_\_\_

Circle if you nominate this person to be one of your referees: YES / NO

**Referees** (We require at least two work-related referees, if two have not already been nominated from the section above, please detail here).

**Name :** \_\_\_\_\_

**Relationship to you:** \_\_\_\_\_

**Company/Position:** \_\_\_\_\_

**Contact phone number:** \_\_\_\_\_

**Authorisation:**

For the purpose of the Privacy Act 1993:

Do you consent to Little Minds ELC seeking verbal or written information about you from the contact person at your present employer? YES / NO

Do you consent to Little Minds ELC obtaining information from other relevant parties to determine your suitability for employment? YES / NO

**Declaration:**

I declare that to the best of my knowledge the answers in this application are correct and I understand that if any false or deliberately misleading information is given, or any material fact withheld, I will not be employed, or if I am employed my employment may be terminated.

I also understand that any false information given in relation to my medical history may result in my loss of entitlement for any compensation from ACC.

If my application is successful, I agree as follows:

I hereby consent to Little Minds ELC gathering information from employer contacts persons as indicated above or other referees/relevant parties supplied by me.

I hereby consent to undergo a pre-employment check which is processed as a police vet.

I understand that if offered employment, the offer will be conditional upon satisfactory results of all the above.

Are you awaiting the hearing of charges in a criminal court of law? YES / NO

If YES please give details.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_