

## Application Form

This information is collected for the purpose of assessing your suitability for employment. Applicants must complete this form personally, answer all questions, and sign the declaration. All applicants have the right to access personal information and to request any correction necessary to ensure its accuracy. The Employment Application Form and your CV will be retained for 12 months then may be destroyed unless you request your CV to be returned to you.

Position applied for:	
Name	
Address	
Phone number	
Mobile number	
Email address	

### ***Personal Information***

Do you have any criminal convictions or court action pending?	Yes / No
If yes, please detail, we may check against: <a href="http://www.police.govt.nz/service/vetting/">www.police.govt.nz/service/vetting/</a>	
Do you have permanent residency in New Zealand	Yes / No
If not, are you legally entitled to work in New Zealand	Yes / No
Do you give us permission to carry out a police check	Yes / No
Applicant signature	
Do you have a valid driver's licence	Yes / No Class:
Are you flexible in work hours?	Yes / No
Are you flexible working in different rooms?	Yes / No

What is your salary expectation?	
What is your Strength and Weakness?	
Could you please share with us your 5 years goal for your career?	

*In providing references on my CV I consent to the Kiddie Garden Ltd seeking verbal or written information on confidential basis about me from my referees. I authorise the information sought to be released by them to the above named employer for the purposes of assessing my suitability for this position. I understand that then information to be received by the above named employer is supplied in confidence as evaluative material and will not be disclosed to me.*

Applicant Signature	
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### **Employment history**

*I consent that the employment history provided in my CV are true and correct.*

Current Employer name	
What is your notice period?	
Why did you choose to apply for this position?	
Applicant Signature	

### **Education**

*In providing Education information, I consent that I will provide evidence on the related qualification documentation for the purposes of assessing my suitability for this position.*

What is your highest formal qualification? (e.g. NCEA Level, Diploma, Degree)		
Are you a fully registered ECE teacher?	Yes / No	Teaching practicing certificate registration number:
Please list any other relevant qualifications you have		

**Health**

<p>Have you had an injury or do you have a medical condition caused by gradual process, disease or infection ( for example hearing loss, sensitivity to chemicals, occupational overuses or repetitive strain injuries, stress or depression), which the tasks of this job may aggravate or contribute to?</p>	<p style="text-align: center;">Yes / No</p> <p>If yes, please detail:</p>
<p>Do you have any health or physical condition which may affect your ability to effectively carry out the functions and responsibilities of the position you have applied for?</p>	<p style="text-align: center;">Yes / No</p> <p style="text-align: center;">If yes, please detail:</p>
<p>I agree to attend a medical practitioner if requested</p>	<p style="text-align: center;">Yes / No</p>
<p>I agree to undergo a drugs test if requested</p>	<p style="text-align: center;">Yes / No</p>

**Declaration**

***I \_\_\_\_\_, declare that the answers to the questions in this application are true and correct. I understand that if any of the information is proved to be false or misleading or any relevant information is left out on this form or any other supporting documentations, e.g. CV, then this may lead to my application being rejected or if appointed to a position, then I may be instantly dismissed.***

<p><b>Applicant signature</b></p>		<p><b>Date</b></p>	
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