

# APPLICATION FOR EMPLOYMENT

To be completed personally by the Applicant, in pen.

Note: The completion of this form does not indicate that there is any obligation on the part of the Organisation to engage the applicant. The information requested herein is required by the Organisation to assist in considering your suitability for employment with the Organisation.

Prospective employer: Little Adventurers Early Learning Centre Ltd.

Position applied for: ..... Date of Application: .....

Given Names: ..... Family Name: .....

Contact Address: .....

Home Phone No: ..... Mobile Phone: .....

Email: ..... Date of Birth: .....

If your application is successful when could you commence employment? .....

Do you consent to the organisation retaining the information contained in this application form for the purposes of considering your suitability for any other position which may arise with this organisation in the future? Yes/No

Are you legally entitled to work in New Zealand? Yes/No

As a New Zealand citizen Yes/No

As a permanent resident Yes/No

As a holder of a current work permit Yes/No

## QUALIFICATIONS

Provide full details of the qualifications you hold that are relevant to the position applied for.

Qualification	Year completed	Training provider	Location

## TEACHING CERTIFICATION

Do you have current NZ teaching certification? Yes/No

- If yes, please provide your registration number: .....

## LANGUAGES

Can you hold an everyday conversation in English? Yes / No

Can you hold an everyday conversation in any language other than English? Yes / No

Please provide details: .....



## EMPLOYMENT HISTORY

Please ensure the employment/occupation history is continuous and complete in every respect.

Start date	Finish date	Employer	Location	Position held	Reason for leaving

## AVAILABILITY

Please indicate your availability for work.

Day	Tick here if you are available for <u>ANY rostered shift</u> during our operational times <u>6:45am - 6pm</u>	If you are <u>NOT</u> available during the full operational times of 6:45-6pm write below <u>the times you ARE</u> available.	Tick here the days you are generally available for evening work (e.g. staff meetings)
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			

## REFEREES

Give names and contact details of at least two referees.

Name	Where did you work for them?	Phone numbers and/or email address

I, .....(full name) consent to the Organisation seeking verbal or written information on a confidential basis about me from representatives of my previous employers, training providers and/or referees and authorise the information sought to be released by them to the Organisation for the purposes of ascertaining my suitability for the position for which I am applying. I understand the information received by the Organisation is supplied in confidence as evaluative material and will not be disclosed to me.

Signature: ..... Date: .....

