

**CONFIDENTIAL**

**AORAKI COMMUNITY EDUCATION TRUST BOARD  
NORTH HAVEN CHILD CARE & EDUCATION CENTRE**

**P O Box 280, Timaru 7940.**

**APPLICATION FORM FOR EMPLOYMENT**

*(Please attach your Curriculum Vitae and Certified copies of your teaching qualification, Teacher Registration and First Aid Certificate, and a current form of photo identification, i.e. Passport or Drivers license, to this Application Form)*

The purpose of the information collected in the Application Form is to assist The Aoraki Community Education Trust Board in making decisions regarding the selection and appointment of employees. The Aoraki Community Education Trust Board will hold this information for only as long as it is required for this purpose.

**Personal Details:**

Position Applied For: .....

Surname: .....

First Name(s): .....

Current Address: .....

.....

Telephone (Work): ..... (Home): .....

Cellphone:.....Email:.....

Are you a citizen of New Zealand?	Yes	-	No	-
If yes, can you produce evidence if required?	Yes	-	No	-
If no, do you have the right of permanent residence?	Yes	-	No	-
If no, do you have a work permit (production of a passport is required for verification)?	Yes	-	No	-

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## General:

Do you have a current Driver' Licence:	Yes	-	No	-
If yes, what class? .....				
Do you have any demerit points or endorsements?	Yes	-	No	-
If yes, give details .....				
Have you ever been convicted of a criminal offence?	Yes	-	No	-
Are you awaiting a hearing of charges in a civil or criminal court of law?	Yes	-	No	-
I authorise you to contact the police to confirm the above.	Yes	-	No	-
Are you involved with or employed by any organisation that could be in competition with North Haven? (I.e. Early childhood education).	Yes	-	No	-
Do you have any outside interests/hobbies, paid or otherwise, that may effect your service at North Haven? (I.e. sporting commitments).	Yes	-	No	-
Are you prepared to work overtime if required?	Yes	-	No	-
Are you prepared to handle all products, materials and equipment used at the Centre?	Yes	-	No	-
Where did you see this position advertised? .....				

## Education and Professional/Technical Qualifications:

Education (Includes School, Tertiary and Technical Qualifications) Qualification	Educational Institution	Date Qualification Gained
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Professional/Technical Qualifications or Awards  
Qualification/Award                      Institution

Date Qualification Gained

Professional or Technical Training (i.e. Short Courses & Training Programmes)

## Work Experience (Please use an extra page if required)

Name & Address of Employer	Position Held	Description of Duties	Dates of Employment	Reason for leaving

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## Health:

Please read the job description for the job for which you have applied. Give details of any disability, illness, accident or any other medical condition, which could affect your ability to satisfactorily meet the performance standards of the job for which you have applied.

Are you allergic to, or have any sensitivity to any substances or chemicals? Yes No

Have you ever suffered from a back injury requiring time off work? Yes No

Have you claimed Accident Compensation in the last 12 months? Yes No

If yes, please give details .....

Do you have any known condition, which may affect your ability to effectively carry out the functions and responsibilities, now or in the future, of the position applied for? Yes No

If yes, please give details .....

Are you on any surgical waiting lists? Yes No

Do you have any other known condition, which might put our staff, children or parents at risk? Yes No

If yes, please give details .....

Have you ever suffered from long-standing fatigue or tiredness? Yes No

If yes, please explain .....

Have you ever had problems at work arising from personality clashes, your attitudes or behaviour, or conflicts with another staff member? Yes No

If yes, please explain .....

Has your use of alcohol and/or drugs ever affected your work performance? Yes No

If yes, please explain .....

Have you ever had difficulties coping with change or other stressful events in the workplace? Yes No

If yes, please explain .....

Have you ever needed to take more than your sick leave allocation? Yes No

If yes, please explain .....

Have you been in contact with any infectious diseases in the last 6 months? Yes No

If yes, please give details .....

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Have you had an injury or medical condition caused by gradual process, or infection - for example, a back injury, hearing loss, sensitivity to chemicals, repetitive strain injuries, which the task of this job may aggravate or affect adversely?

Yes No

If yes, please give details .....  
.....  
.....

## Written References:

Please attach a copy of relevant employment documents.

## Referees:

Please provide the names and telephone numbers of at least two persons (preferably previous employers) who you authorise us to contact as your referees to provide information on your suitability for the position for which you have applied.

Name	Organisation and position	Telephone Number (please indicate suitable time to call , i.e. day or evening )

## Availability

If your application is accepted when could you commence employment?

..... (Date) .....

Do you have any known reasons why your service at North Haven would not be continuous during the first six (6) months? (E.g. holiday, sporting commitments, surgery). Yes No

If yes, please give details .....  
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I authorise you to pay my salary/wages by direct credit to a bank account nominated by me.

**Accuracy of Information Provided:**

I certify that the information provided in this form is true, complete and correct and acknowledge that should any of it be proved not to be true, complete and correct will render me liable to dismissal as an employee of the Aoraki Community Education Trust Board.

I understand that false or incomplete answers relating to my medical history could mean that I may not receive any ACC compensation in the event of a workplace injury.

Signature of Applicant: .....

Date:.....