



ROTORUA LAKES HIGH SCHOOL

'Mauria te Pono - Keep steadfastly to the truth'

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CONFIDENTIAL

APPLICATION FOR EMPLOYMENT

Note: The completion of this form does not indicate that there is any obligation on the school to engage the applicant. The school reserves the right to offer the prospective successful applicant a position different in tenure to that advertised, in consultation with the applicant.

PURPOSE

This information is collected for the purpose of assessing your suitability for employment at Rotorua Lakes High School. It is in your best interests to supply a Curriculum Vitae in addition to the information sought here which should include a summary of achievements relevant to this position and a statement of your educational philosophy. A photograph is appreciated.

- Rotorua Lakes High School is an Equal Employment Opportunity Employer
- Rotorua Lakes High School is a Designated Smoke Free Zone

Position Applied For: FULL TIME RESOURCE TEACHER: LEARNING & BEHAVIOUR (RTLB)		
APPLICATIONS CLOSE: 6 MARCH 2020 at 4 pm		
YOUR NAME IN CAPITALS		Mr, Mrs, Miss, Ms
GIVEN NAMES:		
Are you known by another name/s?		
Give details:		
HOME ADDRESS & TELEPHONE NUMBERS:		
Number & Street:		
Suburb & City/Town:		
Home Ph:	Work Ph:	Mobile Ph:
Email Address:		
RESIDENT STATUS:		
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 to permanent residence?	Yes/No	
If no, do you have a work permit? (Passport is required for verification)	Yes/No	
Are you an assisted immigrant under bond to the Government or other employer?	Yes/No	
If yes, do you have the authority to accept other employment?	Yes/No	

EDUCATION: (including University, further education etc. where applicable)

Name of Secondary School/s Attended:	From	To

UNIVERSITY QUALIFICATIONS:

COLLEGE OF EDUCATION QUALIFICATIONS:

OTHER QUALIFICATIONS / CERTIFICATES / LICENCES (give details):

TEACHER REGISTRATION

Are you a NZ registered teacher?	YES / NO
Registration No: Status (please circle): Full / Provisional / STC	Date of Expiry:

EXTRA CURRICULAR ACTIVITIES – Please list areas you are prepared to be involved in:

LANGUAGES:

Can you speak any language other than English?

EMPLOYMENT HISTORY:

1. Present or Most Recent Employer/School: Name & Address:	From	To
Position (subjects taught)		
Extra Curricular Activities:		
<ul style="list-style-type: none"> For the purposes of compliance with the Privacy Act 1993, do you consent to the school contacting your present employer for the purpose of reference checking? 	YES / NO	
2. Next most Recent Employer/School: Name & Address	From	To
Position (subjects taught)		
Extra Curricular Area/s:		
Reason for Leaving:		
3. Next most Recent Employer/School: Name & Address:	From	To
Position (subjects taught)		
Extra Curricular Area/s:		
Reason for Leaving:		
4. Next most Recent Employer/School: Name & Address:	From	To
Position (subjects taught):		
Extra Curricular Area/s:		
Reason for Leaving:		

- Attach another sheet if necessary to complete employment history.

REFEREES: (Give name, address and telephone numbers of at least **THREE** referees):

Name	Position	Address	Telephone Number/s

If your application is accepted when could you commence employment?	Date:
I consent to the school seeking verbal or written information about me from representatives of my previous employers and/or referees and authorise the information sought to be released. This is necessary for compliance with the Privacy Act.	YES / NO
If YES, please sign here:	
Date:	

IDENTITY CONFIRMATION (please complete this section):

We require **2 forms** of identification

One Primary form of identification e.g.

- NZ or overseas passport
- NZ full birth certificate that is issued on or after 1 Jan 1998

One Secondary form of official identification e.g.

- NZ driver's licence
- Community Services Card
- IRD number

Please note one of the forms of identification must include a photo

You can also use electronic identification, e.g. 'RealMe'

(If the name of the person differs from the name on the documentation provided (e.g. marriage or deed poll), please produce a supporting document that shows evidence of the name change.)

GENERAL:

Have you been convicted of a criminal offence?	YES / NO
If yes, please disclose nature:	
Are you awaiting the hearing of charges in a civil or criminal court of law?	YES / NO
If yes, please disclose nature:	
Do you have a current driver's licence?	YES / NO
Driver's Licence Number:	Drivers' Licence Class:

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MEDICAL: The Health & Safety in Employment Act requires the employer to identify hazards and to provide a safe place of work. A person's physical state may pose a hazard for themselves and other staff, hence the reason for these questions.

Do you agree to undergo a medical examination if required?	YES / NO
Are you at present receiving medical treatment and/or medication?	YES / NO
If yes, please detail:	

Are you allergic to, or have any sensitivity to any substances or chemicals	YES / NO
Do you require corrective lenses or contact lenses?	YES / NO
Do you have any hearing disability?	YES / NO
Have you ever suffered from 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:	
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 which may affect your ability to effectively carry out the functions and responsibilities of the position applied for?	YES / NO
If yes, please give details:	
(Answer only if relevant to the teaching / non-teaching position applied for.) In your past employment have you been exposed to:	
<ul style="list-style-type: none"> • Noise • Asbestos • Heavy Metals • Solvents • Skin Irritants • Infection Material 	
If yes, please give details:	
Do you consent to the school retaining the information in this application form for the purposes of considering your suitability of any other position, which may arise with this school in the future?	YES / NO

DECLARATION:

**I,
(full name)**

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 suppressed, I will not be accepted, or if I am employed, my employment will 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.

SIGNED:

Date: