

Mount Hutt College

APPLICATION FOR EMPLOYMENT



Important Notes for Applicants

Thank you for applying for a position with our school. Please ensure you have a copy of the position description and person specification before completing this application.

1. Please fully complete this form personally. First, read it through, then answer all questions and make sure you sign and date where indicated on the last page.
2. Attach a curriculum vitae (CV) containing any additional information, if necessary.
3. Copies only of qualification certificates should be attached. If successful in your application you will be required to provide the originals as proof of qualifications.
4. If you are selected for an interview you may bring whānau/support people at your own expense. Please advise if this is your intention.
5. Failure to complete this application and answer all questions truthfully may result in any offer of employment being withdrawn or appointment being terminated, if any information is later found to be false.
6. All applicants will be required to give consent to a Police vet.
7. a) Applicants may not be employed as a children's worker if they have been convicted of a specified offence listed in [Schedule 2 of the Vulnerable Children Act 2014](#), unless they obtain an exemption. The Criminal Records (Clean Slate) Act 2004 will not apply to these specified offences and these offences will be included in your Police vetting results.
b) The Clean Slate Act provides certain convictions do not have to be disclosed providing:
 - you have not committed any offence within 7 consecutive years of being sentenced for the offence
 - you did not serve a custodial sentence¹ at any time
 - the offence was neither a [specified offence under the Clean Slate Act 2004](#) nor a [specified offence under the Vulnerable Children Act 2014](#)
 - you have paid any fines or costs

Please note that you are not obliged to disclose convictions if you meet the above conditions but can do so if you wish. If you are uncertain as to whether you are eligible contact the Ministry of Justice.

8. Shortlisted applicants being interviewed will need to provide originals of both a primary identity document (e.g. passport) and a secondary identity document (e.g. New Zealand driver license). A list of acceptable primary and secondary documents is available in the last sections of the [Vulnerable Children Regulations 2015](#).
9. This application form and supporting documents will be held by the board. You may access these in accordance with the provisions of the Privacy Act 1993. If you have any queries, please contact the person cited in the advertisement.

Custodial sentence means a sentence of imprisonment and includes corrective training, preventive detention, a sentence of imprisonment served by home detention, borstal training, detention centre training and any other sentence that requires the full-time detention of an individual. **Non-custodial sentence** includes, but is not limited to, a community-based sentence, a sentence of home detention, a sentence of a fine or reparation, a suspended sentence of imprisonment, and a specified order.

APPLICATION FOR EMPLOYMENT

Position applied for	Location	Vacancy/Reference Number
Click here to enter text.	Click here to enter text.	Click here to enter text.

Tick one

Mr Mrs Ms Miss

Or other preferred title: Click here to enter text.

Surname/Family name	First names (in full)
Click here to enter text.	Click here to enter text.

Birth name (if applicable)

Click here to enter text.

Are you known by any other name(s)? (if yes please provide below) Yes No

Click here to enter text.

Full postal address

Click here to enter text.

Email address

Click here to enter text.

Contact telephone numbers

Personal: Click here to enter text.	Business: Click here to enter text.
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Identity Verification, Criminal Record and Right to Work

Please tick the appropriate boxes:

<u>Immigration information</u>		
Are you a New Zealand citizen?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If not, do you have resident status, or	Yes <input type="checkbox"/>	No <input type="checkbox"/>
A current work permit	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever had a criminal conviction? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If "Yes" please detail:		
Click here to enter text.		
<i>(A board may not employ or engage a children's worker who has been convicted of an offence specified in Schedule 2 of the Vulnerable Children Act 2014. The Clean Slate Act does not apply to schedule 2 offences.)</i>		
Have you ever received a police diversion for an offence? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If "Yes" please detail:		
Click here to enter text.		
Have you ever been discharged without conviction for an offence? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If "Yes" please detail:		
Click here to enter text.		
Do you have a current New Zealand driver's licence? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Have you ever been convicted of a driving offence which resulted in temporary or permanent loss of licence, or imprisonment? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If "Yes" please detail:		
Click here to enter text.		
Are you awaiting sentencing or do you have charges pending? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If "Yes" please state the nature of the conviction/cases pending:		
Click here to enter text.		
In addition to other information provided are there any other factors that we should know to assess your suitability for appointment and your ability to do the job? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If "Yes", please detail:		
Click here to enter text.		

Have you ever been the subject of any concerns involving child safety? Yes <input type="checkbox"/> No <input type="checkbox"/> If “Yes” please detail: Click here to enter text.
Have you had any injury or medical condition caused by gradual Yes <input type="checkbox"/> No <input type="checkbox"/> process, disease or infection, such as occupational overuse syndrome which the tasks of this position may aggravate or contribute to? If “Yes”, please detail: Click here to enter text.
For teaching/principal positions: Do you hold a current practising certificate from the Education Council Yes <input type="checkbox"/> No <input type="checkbox"/> of Aotearoa New Zealand? Please enter your registration number: Click here to enter text.

Educational Qualifications

	Name	Location	Number of years completed	Highest Qualification Gained
Secondary School	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
University	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Other	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.

Employment History

Please list your work experience for the last five years beginning with your most recent position. Please explain any gaps in employment. If you were self-employed, give details. Attach additional sheets if necessary.

Period worked (please specify the start and end dates)		Employer’s name (or reason for gap in employment)	Position held	Reason for leaving
Start date	End date			
Click here to enter text.	to	Click here to enter text.	Click here to enter text.	Click here to enter text.
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Click here to enter text.	to	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.

Referees

Please provide the names of three people who could act as referees for you. One of these should be your current or most recent employer. Please indicate which referee is your current/previous employer in the table below. If you have included written references from people other than those recorded below, please note that we may contact the writers of these references.

Name	Organisation	Position/ Relationship	Landline (preferred)	Mobile
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.

Authority to approach other referees

I authorise the Board, or nominated representative, to approach persons other than the referees whose names I have supplied, to gather information related to my suitability for appointment to the position.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I authorise the Board, or nominated representative, permission to access any information held by the Education Council of Aotearoa New Zealand (EDUCANZ) or any other educational organisation, including information regarding matters under investigation, to gather information related to my suitability for appointment to the position.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Key Criteria

The position you have applied for requires specific knowledge, skills, attributes and personal characteristics. These key criteria are stated in the position description and/or person specification. Please outline below how you meet each of these attributes and abilities. Even if you are attaching a CV, please fill this out in full. The contact person cited in the advertisement can assist with any questions.

Criteria <i>(knowledge, skills, attributes, personal characteristics)</i>	Past roles in which you have demonstrated the criteria	What did you do which demonstrated this	Key achievements
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
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Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.

I certify that:

- The information I have supplied in this application is true and correct.
- I confirm in terms of the Privacy Act 1993 that I have authorised access to referees.
- I know of no reason why I would not be suitable to work with children/young people.
- I understand that if I have supplied incorrect or misleading information, or have omitted any important information, I may be disqualified from appointment, or if appointed, may be liable to be dismissed.

Signature _____

Date Click here to enter a date.

Note: If completing this electronically a hard copy (signed) must be provided.