



# Silverstream School

## Application For Employment

Position \_\_\_\_\_

Applicants Name: \_\_\_\_\_

Please complete this application for employment to be submitted with your CV and Covering Letter.

1. Please complete this form personally, sign and date where indicated on the last page.
2. Failure to complete this application and answer all questions truthfully may result in any offer of employment being withdrawn or appointment being terminated.
3. Applicants must hold a current New Zealand Teachers Practicing Certificate.
4. The school will hold this application form and supporting documents. You may access it in accordance with the provisions of the Privacy Act 1993.

This application should be marked 'Confidential' and emailed or posted to:  
Principal, Silverstream School, Whitemans Road, Silverstream, Upper Hutt 5019  
office@silverstream.school.nz

### Personal Details

Surname \_\_\_\_\_ Mr/Mrs/Ms/Miss

Given Names \_\_\_\_\_

Address \_\_\_\_\_

Post Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work/Daytime \_\_\_\_\_

Mobile \_\_\_\_\_

Email \_\_\_\_\_

Current teacher classification status \_\_\_\_\_

Registration Number \_\_\_\_\_ Expiry Date \_\_\_\_\_

### Citizenship and Permission to Work in NZ

Are you a New Zealand citizen? Yes / No

If not, do you have a current NZ permanent residency? Yes / No / Not applicable

### Current Employment

Name and address of School/Organisation \_\_\_\_\_

Year you started \_\_\_\_\_

Position(s) held \_\_\_\_\_

Current salary step \_\_\_\_\_

## Previous Employment Experience

School/Organisation .....	Position Held .....
Reason for Leaving .....	Period Worked .....
School/Organisation .....	Position Held .....
Reason for Leaving .....	Period Worked .....
School/Organisation .....	Position Held .....
Reason for Leaving .....	Period Worked .....

## Qualifications Relevant to the Position

### Tertiary Education Completed

Graduating Year

Qualification		
Institution		
Qualification		
Institution		
Qualification		
Institution		

### Current Tertiary Studies

% Completed  
(estimated)

Qualification		
Institution		

### Other Qualifications that relate to the position

Date Attained/  
Attended


## Health

Do you have, or have you ever had, a medical condition caused by an injury, illness, disability or gradual process that the tasks of the vacancy you are applying for may aggravate or contribute to, or that may affect your ability to carry out the work of the vacancy you are applying for?

Yes / No

If yes, what are the details of your condition?

Do you smoke?

Yes / No

Have you ever had time off work for stress? If so, please detail

Yes / No

Please note any false information given in relation to your medical history may result in loss of entitlement for any compensation from the Board's workplace insurer or ACC.

## Referees

Provide details of two people who can be contacted to provide referee's statements. At least one of these should be able to attest to your work performance. If you have included written references from people other than those recorded below, please note that we may contact the writers of these references. If short-listed your nominated referees will be contacted.

1. Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Relationship to you \_\_\_\_\_  
Position Held and where \_\_\_\_\_  
Postal Address \_\_\_\_\_ Email \_\_\_\_\_

2. Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Relationship to you \_\_\_\_\_  
Position Held and where \_\_\_\_\_  
Postal Address \_\_\_\_\_ Email \_\_\_\_\_

I grant authority to Silverstream School Board of Trustees, under the provision of the Privacy Act to contact any past employers and/or professional colleagues or obtaining any information held on my by the Teachers Council, in addition to the named referees. If yes please sign below.

Signed \_\_\_\_\_

Dated \_\_\_\_\_

## Legal Clarifications

Have you ever been declared a bankrupt? Yes / No  
Have you been convicted of any offence against the law – apart from minor traffic convictions or parking offences? Yes / No  
Have you been charged with any criminal offence since your teacher registration was renewed? Yes / No  
Is there any reason why the NZ Teachers Council might decline to renew your teacher registration when it expires? Yes / No

If you have answered yes to any questions above, please provide a written outline of events below, or on a separate sheet.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are your stated qualifications genuine in every respect

Yes / No

## Declaration

I ..... (full name) certify that the information provided is correct and no relevant material/information has been omitted. I understand that this information will be used for the purpose of processing this application and understand that any incorrect or misleading information or important information that has been omitted during the appointment process (including interview) may disqualify me from consideration, or if appointed, make me liable for dismissal.

Signed \_\_\_\_\_

Dated \_\_\_\_\_

**Privacy.** This application and supporting materials will remain confidential to the Silverstream School Board of Trustees.