



## JOB APPLICATION FORM

### APPLICANT SECTION

Position applied for: \_\_\_\_\_

#### Personal details

Given name: \_\_\_\_\_ Family name: \_\_\_\_\_

Preferred name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Daytime: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

#### Current qualifications

Qualification title	Institution/training provider	Year completed

Teacher Registration No: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Are you currently undertaking study/training? (tick one)       Yes       No

Details: \_\_\_\_\_

#### Previous employment (most recent first)

Employer name/ establishment	Dates from/to	Position held	Reason for leaving	Office use check/initial/date

#### Proof of Identity and Right to Work

Are you a New Zealand citizen?       Yes       No

If not, do you have resident status? or       Yes       No

A current work permit?       Yes       No

**Police Vetting**

Have you ever had a criminal conviction?  Yes  No

*(Convictions that fall under the clean slate scheme do not have to be disclosed)*

If 'Yes' please detail:

**Referees**

Do you agree to have referees contacted in relation to this application? (tick one)  Yes  No

*(Reference checks will be conducted legally in an ethical manner and all information derived will remain confidential.)*

Please provide details of three people who can speak on your behalf regarding your work history.

Name	Contact No.	Position held/working relationship (e.g. supervisor)	Office use check/initial/date

Please provide any other information that you identify as being pertinent to this application  
(e.g. medical conditions, disabilities)

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**Declaration**

I declare that, to the best of my knowledge, the information given is true and correct. I understand that inaccurate, misleading or untrue statements or knowingly withheld information may result in termination of employment with this organisation. I understand that this application does not constitute an offer of employment. I understand that, in some cases, police and credit checks will be required and I will be notified if this applies to this application.

Signed:

Date:

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**EMPLOYER SECTION**

**Confidential – reference checks** *For office use only*

Reference name	Comments	Would re-employ?		Initial	Date
		Yes	No		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		
		<input type="checkbox"/>	<input type="checkbox"/>		