



Bumblebees Whitford Limited • 9 Whitford-Maraetai Road, Whitford, Auckland • 09 222 0975

JOB APPLICATION FORM

Note: You should provide complete, accurate information in answer to each question unless otherwise advised, regardless of whether you consider it relevant to the position applied for. Should you fail to fully complete any section(s) of this form it is likely that your application for employment will not be given further consideration.

Position applied for: _____ Date: _____

PERSONAL INFORMATION

Mr / Mrs / Miss / Ms / Dr

Full Name: _____
First Middle Surname

Address: _____
Street Suburb City

_____ *Area Code E-Mail Address Phone*

Are you a permanent NZ resident? Yes / No.

If not, do you hold a current work permit? Yes / No. Expires/...../.....

Do you have a current valid Drivers License? Yes / No.

License Type (please circle): Learner Restricted Full

Have you provided a copy of your CV? Yes / No

PREVIOUS & PRESENT WORK HISTORY. Past 5 years must be supplied and for any gaps during this period, please provide an explanation.

<i>Dates: From - To</i>	<i>Position</i>	<i>Company</i>	<i>Reason for Leaving</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Explanation for any gaps: _____

PROFESSIONAL SKILLS AND TEACHER REGISTRATION

Do you hold a Current First Aid Certificate? Yes No Expiry Date: _____

Are you registered with NZ Teachers Council? Yes No Reg No: _____

Status of Teacher Certification: Subject to Confirmation Full Provisional Date of Reg: _____

Have you ever been suspended or relieved of duty as the result of disciplinary action in your capacity as an educator? Yes No

Details: _____

Have you ever had your Teacher Registration revoked or suspended? Yes No

Details: _____

To your knowledge, are you aware of any past or current allegations of any nature made against you in your capacity as an educator by your current or previous employer, parent or care-giver, or co-worker? Yes No

Details: _____

CRIMINAL CONVICTIONS

Have you ever been convicted of any criminal offence that may be related to this position in any way? (such as theft, fraud, violence, child abuse or sexual offences). Yes No If yes, please provide details including dates below.

Are you aware of any other potential charges the police may be considering laying against you? Yes No

Are you aware of any complaints or investigations made about you in respect of the provision education and care as an educator, supervisor or manager that have been referred to the New Zealand Police, CYFS, the Education Council NZ or any other statutory body in and outside New Zealand? Yes No

HEALTH & SAFETY DECLARATION

Have you suffered from or been treated for any work related illness or injury, or have any medical condition, that could be aggravated by the demands of the position? If so, please provide full details below.

Do you currently suffer from or are currently being treated for any medical condition/s that may affect your ability to perform in this position? If so, please provide full details below.

Is there anything else that you need to declare that may affect your performance in this position? If yes, please explain;

REFEREES

List names, relationship and contact phone numbers of three people. *(Include at least two work-related referees of the most previous employers).*

	NAME	COMPANY	RELATIONSHIP	PHONE
1.				
2.				
3.				

AUTHORISATION

1. I authorise my past or present employees and those named below to disclose to Bumblebees Whitford Limited such information, as Bumblebees Whitford Limited requires, to determine my suitability for employment with Bumblebees Whitford Limited.
2. I authorise Bumblebees Whitford Limited to obtain references relating to my education, criminal and employment history from any source at any time prior to or during my employment with Bumblebees Whitford Limited in relation to this job application.
3. I authorise Bumblebees Whitford Limited at any time prior or during my employment with Bumblebees Whitford Limited to contact any of my past or present employers in relation to this job application.

PRIVACY ACT 2020

1. This application collects personal about you to determine your suitability for employment with Bumblebees Whitford Limited. This may include subsequent changes in employment.
2. This information is being collected and held by Bumblebees Whitford Limited, 9 Whitford-Maraetai Road, Whitford, Auckland. The intended recipient of the information is Bumblebees Whitford Limited.
3. You have a right of access to personal information (excluding any material of an evaluative nature) and to seek any correction you think necessary to ensure accuracy.

DECLARATION

I _____ *(Applicant's full name)* declare that to the best of my knowledge, the answers to the questions in this application are correct. I understand that if any false information is given, or any material fact suppressed, I may not be accepted, or if I am employed, I may be dismissed. I also understand that any false information given the medical portion of this form may result in my loss of entitlement for any compensation from ACC.

Applicant's
Signature: _____

Date: _____