



PRE-EMPLOYMENT DECLARATION

(APPLICATION FOR EMPLOYMENT)

PRIVATE AND CONFIDENTIAL

This declaration is to be completed by all interview candidates prior to the interview taking place. The information gathered in this document is confidential and will not be shared with any persons outside of the Magic Sparks management team without prior permission.

If your resume or CV contains information requested on this form, simply attach a copy of your CV and state "refer to CV" in the relevant section. All questions must be answered.

Position applied for: _____ Date: _____

Full name of applicant: _____ Preferred name: _____

Residential

Address: _____

Home phone: _____ Mobile: _____

Email Address: _____

Date of Birth: _____ Teacher Registration No. _____

Teachers registration: Full / Provisional Date of expiry: _____

If your application is successful when could you commence employment? _____

Do you consent to the Company retaining the information contained in this application form for the purposes of considering your suitability for any other position which may arise with this Company in the future? Yes/No

Are you legally permitted to work in New Zealand?

- I am a New Zealand Citizen (supply a copy of your Full Birth Certificate or NZ Passport)
- I am a permanent resident of New Zealand (supply a copy of your passport showing residency Visa)
- I have a New Zealand work Visa (copy provided)

Language skills

What languages can you speak fluently? _____

Flexibility

Do you have any restrictions with regards to hours and days you can work? If yes, please detail _____

First Aid

Are you currently qualified in giving first aid? YES / NO (if yes, certificate provided)

Qualifications

Qualification	Name of course & institution	Location	Year awarded

Employment History

Please ensure the employment/occupation history is continuous and complete in every respect. A minimum of 5 years of employment history is required. You can write on the reverse of this form and/or attach your CV, ensure the 5 year period is covered.

Start date	Finish date	Employer	Location	Position held	Reason for leaving

Health details

Do you have, or have you had in the past, any medical, physical or mental conditions which may affect your ability to carry out the functions and responsibilities of this position?

YES / NO.

If yes, what is the nature of the medical, physical or mental condition?

Please tell us how this condition may impact upon the duties of this position.

What steps could we take to assist you to perform the duties?

Do you, or have you had in the past any injury, physical, mental or medical condition that may be aggravated or further contributed to by the tasks of this position? YES / NO.

If yes what is the nature of the injury, physical, mental or medical condition?

What steps could we take to assist you to perform the duties required of this position?

Are you on any medication or under medical treatment or regularly ingest any substances that may affect your ability to carry out fully the functions & responsibilities of the position applied for? Yes/No

Have you ever suffered from a back injury? Yes/No

Have you ever suffered from any injury requiring time off work? Yes/No

Have you ever claimed accident compensation? Yes/No

Are you suffering from any infectious disease or have any condition which is capable of being passed on to children and is likely to have a detrimental effect if passed on to them?
Yes/No

If you answered yes to any of the above questions in this Health section please provide full details here:

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Do you smoke? Yes/No

Do you have any physical or other conditions that would make it difficult for you to:

Hear a child cry from 6 metres away? Yes/No

Sit on the floor without support? Yes/No

Move very quickly? Yes/No

Be on your feet for several hours? Yes/No

See a child clearly from 6 metres away? Yes/No

Pick up a child? Yes/No

Pick up toys and equipment from the floor? Yes/No

Be outside for more than 2 hours at a time? Yes/No

For the purpose of gathering information needed in respect of the company's accident, insurance cover, please fill out any injuries, work related or otherwise, for which you have received ACC or insurance cover during the last six years.

General Information

Have you been convicted of a criminal offence, including but not limited to an offence relating to children? YES / NO.

Have you ever been subject to a diversion order by the courts? YES / NO.

Are you awaiting the hearing of charges in a criminal court of law, including but not limited to charges related to children? YES / NO.

Do you have any cases pending, including but not limited to cases related to children?
YES / NO.

Is your ability to perform your role likely to be restricted for any reason (including past, pending or current investigations by a regulatory authority, including the New Zealand Teachers Council)? YES / NO.

Do you have a current drivers licence? YES / NO

If yes, what class? _____ Drivers licence No. _____

Does your licence have any special conditions YES / NO

If yes, please detail _____

Do you have any demerit points or endorsements? YES / NO

If yes, please detail _____

Termination of Employment

Has a previous employer dismissed you for a matter other than redundancy? YES / NO

If yes, please provide us with details _____

References

Name: _____ Name: _____

Position: _____ Position: _____

Organisation: _____ Organisation: _____

Work Phone: _____ Work Phone: _____

Mobile Phone: _____ Mobile Phone: _____

Relationship: _____ Relationship: _____

Note, one of these references must be from your last/current employer.

Any other information that supports your application not covered elsewhere _____

Declaration

I _____ consent to the Employer seeking verbal and written information on a confidential basis about me from representatives of my previous employers and / or referees and authorise the information sought to be released by them to

the Employer for the purpose of ascertaining my suitability for the position I am applying for. I understand that the information received by the Employer is supplied in confidence as evaluative material and will not be disclosed to me. YES / NO

If the application is unsuccessful do you consent to the Employer retaining the information contained in this application for the purpose of considering your suitability for any other positions, which may arise with this Employer in the future? YES / NO

I understand that this personal information has been collected for the purpose of assessing my suitability for employment with the Company.

I understand that I have rights of access to, and correction of this information subject to the provisions of the Privacy Act 2020.

I authorise Magic Sparks Care and Learning to perform a Police Vet Check or any other check, which the company considers necessary when considering my application.

I understand that the Company is acting in reliance on this information both prior to and during my employment for the purposes of its obligations under the Injury Prevention, Rehabilitation and Compensation Act 2001.

I understand that all information provided in this application form (including information contained in any attached documents) is essential to Magic Sparks Care and Learning in considering my suitability for employment, and in assessing the terms and conditions of my employment. I declare to the best of my knowledge the answers in this application (including information contained in any attached documents) are correct and I understand that if any false or deliberately misleading information is given, or any material fact is suppressed I will not be accepted, or if I am employed, my employment will be terminated or the terms and conditions of my employment may be changed. I also understand that any false information given in relation to my medical history can result in my loss of entitlement for any compensation from ACC.

In addition, if I am requested to undergo a medical clearance then any offer of employment at Magic Sparks Care and Learning is conditional upon my obtaining such clearance.

Signature of Applicant _____

Date _____

Signature of Manager _____

Date _____