



Bream Bay College

P. O. BOX 111
Peter Snell Road, Ruakaka



APPLICATION FORM (Confidential: To be completed by the applicant)

POSITION APPLIED FOR:

Date:

PERSONAL DETAILS:

Family Name:

Other Names:

(Please bold the name used or preferred name)

How would you like to be addressed? Mr. Ms. Mrs. Dr. other:

Address:

Home Phone No:

Business Phone No:

Email:

EEO information: Confidential, to be used for statistical purposes only

Gender (Female/Male):

Ethnic Identification (Maori/NZ European/Other):

Are you legally entitled to work in New Zealand

Yes / No

REGISTRATION: (Relevant only to applicants for teaching positions)

Teacher Registration Number:

Expiry Date:

Category of Registration:

Full

Subject to confirmation

Provisional

LAT

State any special conditions of Registration:

If no certificate is held, have you applied for a certificate:

Yes / No

If yes please supply the date of application:

Institution of Teacher Training & Completion Date:

Have you had any matters placed before the teachers council

Yes / No

If **yes** please attach a separate sheet outlining the matters

I consent to Bream Bay College seeking verbally or in writing information held on me by the teachers Council and authorize the information sought to be released by the Teachers Council to the School for the purposes of ascertaining my suitability for the position for which I am applying.

Further I understand that a condition of employment at the College is consenting to the release of information held by the Teachers council while I am a Bream Bay College employee.

Applicant's signature:

Date:

QUALIFICATIONS (Educational or other Relevant Qualifications):

Dates of attendance

Qualification

Date Qual Achieved

Secondary School:

Tertiary- Tech/Uni

Training Courses

Scholarships, Honours and Awards:

Trade or Professional Membership:

PREVIOUS PAID EMPLOYMENT EXPERIENCE:

Period – From – To

Position

Employer

Details of Duties

Reason for Leaving

Do you have secondary employment?

Yes / No

If yes, please detail:

NON-PAID EXPERIENCE:

Details of Activities and/or Positions Held

Date Begun

Date Ceased

SUITABILITY FOR POSITION:

(Please supply details as to why you believe you are suitable for this position)

CONVICTIONS AGAINST THE LAW/UNSUITABILITY FOR THE POSITION:

Have you ever been convicted of any offence against the law or otherwise know of any reason why you should not be employed to work in the school environment? YES/NO

Are you waiting the hearing of any charges? YES/NO

If you have answered "YES" to either of the questions above, please provide the date and details of the offence, or other reasons, together with any comments you may wish to make.

Please note: You may be asked to provide a copy of the relevant Court record(s) obtainable from the Registrar of the Court concerned. Failure to provide correct and true details of any conviction will make you liable to dismissal from the employment of the board of trustees, should you be a successful applicant.

I consent to the College obtaining a police vet while I apply for this position or at any time in the future if I gain this position for the purposes of ascertaining my suitability for the position for which I am applying.

Applicant's signature:

Date:

REFEREES:

Provide details of three people who can be contacted to provide references (previous employers preferred)

<u>Name & Position</u>	Organisation	Phone No.	Relationship to you
1.			
2.			
3.			

I consent to the School seeking verbal or written information on a conditional basis about me from representatives of my previous employers and/or referees and authorize the information sought to be released by them to the School for the purposes of ascertaining my suitability for the position for which I am applying.

Applicant's signature:

Date:

GENERAL:

What are your interests/hobbies/sports?

Do you participate in any clubs, associations, community activities? Yes / No

If yes, please detail:

Do you have any medical or physical problem that may affect your work performance or attendance or adversely affect the safety of yourself or others? Yes / No

If yes, please detail:

Have you had any injury or medical condition caused by a gradual process disease, or infection for example hearing loss, irregular hours, repetitive strain injuries, etc. that may be further contributed to by the tasks of this job? Yes / No

If yes, please detail:

DECLARATION:

I certify that I am registered as a New Zealand teacher and hold a current practicing certificate.
(Relevant only to applicants for teaching positions)

I solemnly and sincerely declare that, to the best of my knowledge and belief, the information provided in this application and in my Curriculum Vitae is true and correct.

I accept that the Principal of Bream Bay College School may seek external confirmation of any of the details of my application.

I understand that by giving false information in this application or my CV I have given the College grounds to instantly dismiss me.

Applicant's signature:

Date:

Please attach your CV and any other relevant information
and forward the application to:
The Principal's Secretary
P.O Box 111
Peter Snell Road
Ruakaka