



Whakatane High School

Date of Application: _____

Application for Employment

Note: The completion of this form does not indicate that there is any obligation on the school to engage the applicant.

Purpose

This information is collected for the purpose of assessing your suitability for employment at Whakatane High School. It is in your interest to supply a curriculum vitae, in addition to the information sought here, which should include a summary of achievements relevant to this position and a statement of your educational philosophy. A photograph is appreciated.

Please Print Clearly

Position applied for: _____

Your name in block letters: Mr Miss Mrs Ms

Surname: _____

Given names: _____

Are you known by any other name(s)? _____

Give details: _____

Date of birth: _____

Contact Details:

Address: _____

Suburb and Town: _____

Home Ph: _____ Work Ph: _____ Cell Ph: _____

Email: _____

IRD Number: _____

Teacher Registration

Are you a Registered Teacher?

YES/NO

Date of Expiry: _____

Registration Number: _____

Number of years Teaching Experience: _____

Education (including University, further education, etc. where applicable)

Name of Secondary School(s) attended: _____ From _____ To _____

University Qualifications:

College of Education Qualifications:

Other Qualifications/Certificates/Licence's: (give details)

Languages

Can you speak any language other than English? _____

Employment History

Present or Most Recent Employer:

From To School: _____

Address: _____

Position (subjects taught): _____

Extra-Curricular Activities: _____

Reason for Leaving: _____

For the purposes of compliance with the Privacy Act 1993 do you consent to the school contacting your present employer for the purposes of reference checking? **YES/NO**

Do you consent to the school contacting others you work with for the purpose of reference checking? **YES/NO**

Next Most Recent Employer:

From To School: _____

Address: _____

Position (subjects taught): _____

Extra-Curricular Activities: _____

Reason for Leaving: _____

Next Most Recent Employer:

From **To** **School:** _____

Address: _____

Position (subjects taught): _____

Extra-Curricular Activities: _____

Reason for Leaving: _____

Attach another sheet if necessary to complete employment history.

Have you fulfilled all the contractual obligations of your present position?

YES/NO

Referees

Give name, address and telephone numbers of at least THREE referees:

Name	Position	Address	Phone No
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If your application is accepted when could you commence employment?

I consent to the school seeking verbal or written information about me from representatives of my previous employers and/or referees and authorise the information sought to be released.

YES/NO

This is necessary for compliance with the Privacy Act.

If **YES** _____ **Signature** **Date:** _____

General

Have you been convicted of a criminal offence? **YES/NO**

Are you awaiting the hearing of charges in a civil or criminal court of law? **YES/NO**

Do you have a current driver's license? **YES/NO**

If yes, what class? _____ **Driver's License No:** _____

What are your interests/hobbies/sports/clubs or community activities?

Residential Status

Are you a citizen of New Zealand? **YES/NO**

If yes, can you produce evidence if required? **YES/NO**

If no, do you have the right of permanent residence? **YES/NO**

If no, do you have a work permit (production of a Passport is required for verification)? **YES/NO**

Medical

Whakatane High School is an EEO employer and encourages applications from anyone including applicants who may have a disability. However, the Health and Safety in Employment Act requires the employer to identify hazards and to provide a safe place of work. A person's physical state may pose a hazard for themselves and other staff hence the reason for these questions.

Do you agree to undergo a medical examination if required? **YES/NO**

Are you at present receiving medical treatment and/or medication? **YES/NO**

If yes, please detail _____

Are you allergic to, or have any sensitivity to any substances or chemicals? **YES/NO**

Do you require corrective lenses or contact lenses? **YES/NO**

Do you have any hearing condition? **YES/NO**

Have you ever had a back injury requiring time off work? **YES/NO**

If yes, please detail _____

Have you claimed accident compensation in the last 12 months? (give details)

State any serious injury or illness you have sustained that may affect your ability to effectively carry out the functions and responsibilities of the position applied for?

Do you have any other known condition which may affect your ability to effectively carry out the functions and responsibilities of the position applied for? **YES/NO**

If yes, please detail _____

(Answer only if relevant to the teaching/non-teaching position applied for)

In your past employment have you been exposed to?

- Noise
- Solvents
- Heavy Metals
- Asbestos
- Skin Irritants
- Infectious material?

If yes, please detail _____

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

Declaration

_____ (full name) declare that to the best of my knowledge the answers in this application are correct and I understand that if any false or deliberately misleading information is given, or any material fact suppressed, I will not be accepted, or if I am employed, my employment will be terminated. I also understand that any false information given in relation to my medical history may result in my loss of entitlement for any compensation from ACC.

Signed: _____ **Date:** _____