



Application For Employment

at Discovery Early Learning Centre

Position Applied For:						
Surname:						
First Name(s):						
Full Postal Address:						
Present Home Address:						
Email Address:						
Contact Phone Numbers:	Home		Work		Mobile	
When are you able to start work with us:						

I certify that the information I have supplied in this application is true and correct. I understand that if I have supplied incorrect or misleading information, or have omitted any important information, I may be disqualified from appointment, or if appointed, my employment may be terminated.

Signed		Date	
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IMPORTANT NOTES FOR APPLICANTS

Thank you for applying for a position with our centre. Please ensure you have a copy of the job description and person specifications before completing this application.

1. Please fully complete this form personally. Read it through first then answer all questions and make sure you sign and date where indicated on this page.
2. If you haven't done so already, attach a covering letter that includes a brief description of why you want this position and why you feel you would be the best candidate
3. If you haven't done so already, attach a curriculum vitae containing any additional information. If you include written references, please provide current contact details for the writers and note that we may contact them.
4. If you are selected for an interview, you may bring whanau/support people at your own expense. Please let us know if this is your intention.
5. Failure to complete this application and answer all questions faithfully may result in any offer of employment being withdrawn or your employment being terminated if any information you provide is later found to be incorrect or misleading.
6. If we offer employment to you, you will be asked to give consent to a police vet.

TEACHER REGISTRATION

If you are applying for a teaching position, please confirm your registration status and practicing certificate number. Include details of any restrictions.

EDUCATIONAL QUALIFICATIONS

	Name	Location	Year Completed	Highest Qualification Gained
Secondary School				
Tertiary Level				
Tertiary Level				
Tertiary Level				
Other (relevant to this position)				

WORK EXPERIENCE

Please list your work experience in your **last five jobs** beginning with your most recent job held. If you were self-employed, give details. Attach additional sheets if necessary.

Job Title			
From (month & year)		To (month & year)	
Name of Employer			
Name of Last Supervisor			
Address of Employer			
Reason for Leaving			
List the duties performed, skills used or learned, advancements or promotions while you worked in this organisation:			

Job Title			
From (month & year)		To (month & year)	
Name of Employer			
Name of Last Supervisor			
Address of Employer			
Reason for Leaving			
List the duties performed, skills used or learned, advancements or promotions while you worked in this organisation:			

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From (month & year)		To (month & year)	
Name of Employer			
Name of Last Supervisor			
Address of Employer			
Reason for Leaving			
List the duties performed, skills used or learned, advancements or promotions while you worked in this organisation:			

HISTORY OF CRIMINAL OFFENCE

- Have you ever had a criminal conviction? Yes No
- Have you ever been convicted of a traffic offence which resulted in temporary or permanent loss of license or imprisonment? Yes No
- Are you awaiting sentencing or currently have charges pending for any offence? Yes No
- In addition to the information provided above, are there any other factors that we should know to be able to assess your suitability for appointment and ability to do the job? Yes No

If yes to any of the above, please explain:

Conviction of a crime will not necessarily be a bar to employment. Factors such as age at the time of the offence, type of offence, remoteness of the offence in time, and rehabilitation will be taken into account in determining effect on suitability for this position.

HEALTH STATUS

If necessary you may be required to undergo a pre-employment medical check, the costs of which will be met by the centre

- Do you have any known health condition of any kind, which may affect your ability to effectively carry out the functions and responsibilities of the position applied for? Yes No
- Have you suffered any injury or illness that may affect your ability to effectively carry out the physical requirements, functions and responsibilities of the position applied for (eg, a previous back injury) Yes No
- Are you on any medication which may affect your performance in the position that you have applied for? Yes No
- Have you had any injury or medical condition caused by gradual process, disease or infection, such as occupational overuse syndrome, stress or repetitive strain injuries, which the requirements of this position may aggravate or contribute to? Yes No

If yes to any of the above, please explain:

SKILLS & EXPERIENCE RELATED TO THE POSITION

- Do you have a current driver's license? Yes No
- Do you have a current First Aid Certificate? Yes No

Please summarise below your Professional Development activities over the last 12 months:

REFERENCE CHECKS

- May we contact your past employers? Yes No
- May we contact your present employer? Yes No
- Did you complete this application form yourself? Yes No

If not, who did?

Please list two people who we may contact as a character reference:

Name:		Organisation:		Name:		Organisation:	
E-mail:		Position		E-mail:		Position	
Work Phone:		Mobile:		Work Phone:		Mobile:	