



# KOPUTAROA SCHOOL

Established 1891

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## APPLICATION FOR POSITION OF CLASSROOM TEACHER – PERMANENT POSITION KOPUTAROA SCHOOL LEVIN PERSONAL PROFILE

**Please complete this form and return it with your CV**

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### 1. Personal information

Full name: \_\_\_\_\_  
Surname First name(s)

Address: \_\_\_\_\_

Contacts: \_\_\_\_\_  
Home phone Mobile phone

\_\_\_\_\_  
Email

Please include photo identification with your application-eg passport photo or drivers licence

Are you legally entitled to work in New Zealand? **Yes** **No**

Where appropriate, please attach evidence of eligibility to work in New Zealand.

Current Driver's Licence: **Yes** **No**

## 2. Educational Qualifications

Highest qualification held: TTC/DipTch/Degree \_\_\_\_\_

Date of certification: \_\_\_\_\_

Teacher's Registration Number and Practising Certificate \_\_\_\_\_

Expiry Date: \_\_\_\_\_

Degrees/Diplomas: \_\_\_\_\_ Year \_\_\_\_\_

\_\_\_\_\_ Year \_\_\_\_\_

Other Qualifications: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## 3. Current Employment

Position: \_\_\_\_\_ Date appointed: \_\_\_\_\_

School/institution: \_\_\_\_\_

Location: \_\_\_\_\_

Immediate supervisor/employer:

Name: \_\_\_\_\_ Position: \_\_\_\_\_

Add contact details if not used as a referee:

Address: \_\_\_\_\_ Phones: \_\_\_\_\_

Work

Home

For the purpose of compliance with the Privacy Act 1993, do you consent to the school contacting your present employer for the purpose of reference checking?

**Yes**

**No**

#### **4. Medical / Health**

- Please describe any injury or illness you have had that may affect your ability to effectively carry out the duties and responsibilities of the position.

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- Do you have any other known condition that may affect your ability to carry out the duties and responsibilities outlined in the job description? If yes, please provide the details.

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I understand that any false information given in relation to my medical history may result in my loss of entitlement for any compensation from ACC or the Board's workplace accident insurer.

#### **5. Convictions**

- (a) Have you ever been convicted of any criminal offence (other than a minor traffic offence)?

**Yes**

**No**

- (b) If YES please provide the date and details of the offence, the penalty, or reason, together with any comments you may wish to make.

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- (c) Are you currently awaiting the hearing of any charges?

**Yes**

**No**

**Please note:**

- You may be asked to provide a copy of the relevant Court record(s) obtained from the Police and the Board reserves the right to contact authorities to verify any claim made.
- Failure to provide correct and true details of any conviction or other reason for possible unsuitability will make you liable to dismissal from the employment of Koputaroa School Board of Trustees should you be the successful applicant

**6. Referees**

Please provide names, postal and email addresses, and phone numbers of two (2) referees, who can attest to your professional capability.

(i) Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_  
Private Business

Capacity in which you have known this person: \_\_\_\_\_  
\_\_\_\_\_

(ii) Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Telephone: \_\_\_\_\_  
Private Business

Capacity in which you have known this person: \_\_\_\_\_  
\_\_\_\_\_

## 7. Declaration

I, \_\_\_\_\_ (full name)

(a) Consent to the school seeking verbal, written or electronic information about me on a confidential basis from representatives of my current and previous employers and/or referees and authorise the information sought to be released to the Board of Trustees of Koputaroa School for the purpose of ascertaining my suitability for the position for which I am applying.

I understand that the information received by the school is supplied in confidence as evaluative material and will not be disclosed to me.

(b) Authorise the Board of Trustees of Koputaroa School and its agents to make any reasonable inquiries concerning my background to assist in accessing my suitability for the position of Teacher at Koputaroa School for which I am applying.

I authorise permission to access any information held by New Zealand Teachers Council and/or Education Council of Aotearoa New Zealand (EDUCANZ), including matters under investigation related to my suitability for appointment to the position.

(c) Declare that to the best of my knowledge the information provided in this application and in any curriculum vitae enclosed is accurate and I understand that if any false or misleading information is given, or any material fact is suppressed or deliberately omitted, I will not be employed, or if I am employed, my employment will be terminated. I also understand that any false information given in relation to my medical history with regards to gradual process, disease or infection can result in my loss of entitlement for any compensation for ACC.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_