

## APPLICATION FOR APPOINTMENT

It is a requirement that you complete this form if you wish to be considered for a position at Morrinsville College. The Board wishes to collect information about applicants for all positions at Morrinsville College so that they can determine an applicant's suitability for the position which they apply for. The information will also be shared with those staff members who will assist the Board in making this appointment.

**TO:** Secretary, Morrinsville College  
 PO Box 325, Morrinsville 3340  
 Email: grace-martin@morrncoll.school.nz

I apply for the position of \_\_\_\_\_

### PERSONAL DETAILS

<b>Surname:</b> _____
<b>First names:</b> _____
<b>How do you like to be addressed:</b> Mr / Mrs / Ms / Miss <i>(please circle)</i>
<b>Full postal address:</b> _____ _____
<b>Contact phone numbers:</b> Day _____ Evening _____ Mobile _____
<b>Email:</b> _____
<b>Previous surname (if used in teaching):</b> _____
<b>Registration:</b> I am currently holding: full / provisional / subject to confirmation / LAT / no registration. My Certificate of Registration number is: _____
Birthdate (if born after 1969 - if successful you will have to provide written proof that you have had 2 MMR vaccinations for measles. _____

Are you legally entitled to work in New Zealand?    Yes / No    *(please circle)*

**QUALIFICATIONS** – please include copies of University (or other) transcripts of course results with this application or in your CV

Certificates, degrees, diplomas or other relevant qualification	Subjects or papers passed and levels	Date / Year completed



**REFEREES**

As part of the appointment procedures, the Board wishes to contact your current and previous Principals, Deputy and Assistant Principals, and Learning Area Leaders/Heads of Department. Please list below the names and positions of at least three of those whom you consent to the Board contacting for such confidential reports.

Name	Position	Name of School	Contact Phone Numbers, at work <u>and</u> after hours	Email Address

I consent to the School seeking verbal or 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 School for the purposes of ascertaining my suitability for the position for which I am applying.

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_

**GENERAL**

- What are your interests/hobbies/sports: \_\_\_\_\_
- Do you participate in any clubs, associations, community activities? Yes / No *(please circle)*

If yes, please detail: \_\_\_\_\_

- Do you have a medical or physical problem that may affect your work performance or attendance or adversely affect the safety of yourself or others? Yes / No *(please circle)*

If you have answered 'yes', please provide details:

\_\_\_\_\_

\_\_\_\_\_

- Have you had an injury or medical condition caused by gradual process, disease or infection, for example hearing loss, irregular hours, repetitive strain injuries, etc, that may be aggravated or further contributed to by the tasks of this job? Yes / No *(please circle)*

If you have answered 'yes', please provide details:

\_\_\_\_\_

\_\_\_\_\_

Morrinsville College is a smokefree school within its grounds, as it legally must be.

- Do you smoke?                      Yes / No                      *(please circle)*

If so, how do you propose to cope with the fact that the College is a smokefree zone?

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**OFFENCES AND CONVICTIONS**

Have you ever committed any offence which could place school-aged students or your teacher and support staff colleagues at risk, or do you otherwise know of any reason why you should not be employed to work in the school environment?

Yes / No                      *(please circle)*

Have you ever been convicted of any offence against the law, apart from minor traffic convictions? (Please note that you do not have to disclose minor convictions which were committed more than seven years' ago. Please also note that if you do not hold current teacher registration you will be required to consent to be Police vetted).

Yes / No                      *(please circle)*

If yes to either of the above two questions, please provide the date and details of the offence, or other reasons, together with any other comments you may wish to make. (Please note that failure to provide correct and true details of any conviction or other reasons will make you liable to dismissal from the employment of the Board of Trustees, should you be a successful applicant).

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**DECLARATION**

- If I am appointed to this position I consent to the personal information which I have provided on this form being retained on file in a secure cabinet by the Principal for future reference.
- If I am appointed to this position I consent to providing other relevant personal information, as requested by the Principal, that I am happy to provide, information which will be used for the Board's confidential staff records and also EEO purposes in the form of statistical information.
- I understand that I have the right to see, and correct if necessary, the information which I have provided.
- I understand that without the consents above my application for appointment may not succeed.
- I declare that to the best of my knowledge the answers in this application form and the information provided in my Curriculum Vitae are correct and I understand that if any false or misleading information is given, or any material information suppressed, I will not be employed, or if I am employed, my employment will be terminated.

Signature of applicant \_\_\_\_\_ Date \_\_\_\_\_