



## Application For Employment Form

### Notes for Applicants:

1. The information provided by you below will assist in assessing your suitability for the advertised position. Please ensure you complete all sections of this application form in full.
2. Your completed application form, and all information provided during the recruitment process, will be kept and held confidentially.
3. This application form must be personally completed and signed by you.
4. In addition to this application form, please provide the following attachments - Your current Curriculum Vitae; a covering letter explaining why you are applying; and scanned copies of any qualifications that are essential for the position that you are applying for (please do not include any original documents as they will not be returned).
5. If applying for more than one position, a separate Application for Employment Form and listed attachments must be completed.
6. No hard copy application information sent to us by post will be returned to you.

Position applied for:

## Applicant Information

First name

Surname

If applicable, what other names are you known by?

First name

Surname

Residential  
Address:

Postal  
Address  
(if different):

Preferred Contact Phone Number(s)

Home  
Phone:

Email:

Work  
Phone:

Gender:

Mobile Phone:

## Relevant Education & Qualifications

Education Provider	Qualification Name	Commenced	Completed

Note: Where appropriate, you will be required to produce original certificates as proof of qualification.

## Professional References

**PLEASE NOTE:** We will not make contact with any of your referees without discussing this with you first.

Name and Job Title:	
Company Name:	
Relationship to you:	
Contact Number/s:	
Name and Job Title:	
Company Name:	
Relationship to you:	
Contact Number/s:	
Name and Job Title:	
Company Name:	
Relationship to you:	
Contact Number/s:	

## Ability to Work in New Zealand

	Yes	No
Are you a New Zealand Citizen? <i>(you may be requested to provide evidence)</i>	<input type="checkbox"/>	<input type="checkbox"/>
If not, do you have:		
permanent resident status?	<input type="checkbox"/>	<input type="checkbox"/>
a current work permit?	<input type="checkbox"/>	<input type="checkbox"/>

Expiry date of work permit (if applicable):

## Fitness for Work

	Yes	No
Do you have any condition that may impact upon your ability to effectively complete the tasks associated with the position you are applying for?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please provide a brief explanation below:		

Approximately how many sick leave days have you taken in the last 12 months?  Days

## Additional Information

	Yes	No
Do you have a current NZ Drivers Licence?	<input type="checkbox"/>	<input type="checkbox"/>
Driver's Licence number		

Learner	<input type="checkbox"/>	<input type="checkbox"/>
Restricted	<input type="checkbox"/>	<input type="checkbox"/>
Full	<input type="checkbox"/>	<input type="checkbox"/>

Class(es) Held   
 Any demerit points?

Do you have any cases pending which would affect your licence?  
 If yes, please provide brief detail:

Yes	No
<input type="checkbox"/>	<input type="checkbox"/>

Have you ever been convicted of a criminal offence (not including any concealed under the Criminal records (Clean Slate) Act 2004)?

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

If yes, please provide brief details:

Do you consent to a formal criminal record check if it is a prerequisite for employment?

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

Are you currently awaiting the hearing of criminal charges in a civil or criminal court of Law?

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

If yes, please provide brief details:

Education Council Registration No. (if applicable)   
 Practicing Certificate (eg. Full/Provisional/Subject to Confirmation)

# Declaration

I,  (full name)  
declare that, to the best of my knowledge, the answers that I have provided to the questions in this application form 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 for employment. If such information or fact is discovered after I have been 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.

Signature

Date:

**Send this form and the specified attachments:**

**by email:**            [mail@taupocollege.ac.nz](mailto:mail@taupocollege.ac.nz)

**or post:**            Taupo-nui-a-Tia College  
PO Box 549  
Taupo 3351.

**or deliver:**        Taupo-nui-a-Tia College  
122 Spa Road  
Taupo 3330.