APPLICATION FOR EMPLOYMENT

Thank you for applying for the position with our school. The position description is available from the school website or by contacting the school office.

1. Please fully complete this form personally. Read it through first, then complete the form.

2. You may attach a Curriculum Vitae.

3. Copies only of qualifications should be attached. If successful, you may be required to produce the originals as proof of qualifications.

4. If you are selected for an interview, you may bring whanau/support people at your own expense. Please advise if this is your intention.

5. Failure to complete this application and answer all the questions truthfully may result in any offer of employment being withdrawn or termination of employment if information is false.

6. Applicants will be asked to give consent to a Police vet.

7. You are required to disclose all convictions unless they are covered by the Criminal Records (clean slate) Act 2004. You must declare all convictions if you have:-
   - Been convicted of an offence within the last seven years OR
   - Been sentenced to a custodial sentence (e.g. prison) OR
   - Been ordered by a Court during a criminal case to be detained in a hospital instead of being sentenced OR
   - Been convicted of a specified offence (specified offences are in the main sexual in nature).

8. The declaration of an offence does not disqualify you from consideration for appointment. However, non declaration of an offence that you are required to disclose will be seen as misrepresentation of a criminal record.
APPLICATION FOR EMPLOYMENT

To: ________________________________________________________________

Position Applied For: ________________________________________________

Closing Date for Applications: _________________________________________

PERSONAL DETAILS:

☐ Mr  ☐ Ms  Surname: ________________________________________________

☐ Mrs  ☐ Other

☐ Miss  First Names: _________________________________________________

Postal Address:

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

CONTACT PHONE NUMBERS:

Home: ________________  Work: ________________  Mobile: ________________

Fax: _________________  Email: _________________________________________

____________________________________________________________________

If you are not a New Zealand citizen and if you do not have the right of permanent residency here, then New Zealand Immigration legislation requires the following question be asked:

Do you have a Work Permit:  ☐ Yes  ☐ No  ☐ Does not apply

Expiry Date: ________________________________

Languages Spoken: ________________________________________________

____________________________________________________________________

QUALIFICATIONS

Certificates, degrees, diplomas or other relevant qualifications.
You may be required to produce original qualification documents.
**EMPLOYMENT HISTORY**

Organisation
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

**REFEREES**

1. Name: _______________________________________________________________
   Address: ______________________________________________________________
   Contact Phone Numbers: Work: ___________ Other: _________________

2. Name: _______________________________________________________________
   Address: ______________________________________________________________
   Contact Phone Numbers: Work: ___________ Other: _________________

**PRIVACY ACT 1993** (to be signed by applicant)

*This application is submitted on the understanding that any information given is for the use of the employer and their authorised representatives who may at any time have access to this information. I agree to the Board of Trustees (or its agents) approaching my referees in relation to this application and, should it be necessary, to seek verbal clarification from the above referees on points that may need further explanation.*

Applicant’s Signature: ______________________________________________________
Date: ________________________________

If appointed to the position, when could you commence employment?
________________________________________________________________________
________________________________________________________________________

**GENERAL**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you been convicted of a criminal offence?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Are you awaiting the hearing of charges in a civil or criminal court of law?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Do you have a current driver’s licence?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Are you a member of any territorial force unit?</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
**MEDICAL**

Do you agree to undergo a medical examination if required?  
☐ Yes  ☐ No

Are you allergic to or have sensitivity to any substance or chemicals?  
☐ Yes  ☐ No

Do you require glasses or contact lenses?  
☐ Yes  ☐ No

Have you ever suffered from a back injury requiring time of work?  
☐ Yes  ☐ No

State any serious injury or illness you have suffered 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 that may affect your ability to effectively carry out the functions and responsibilities of the position applied for?  
☐ Yes  ☐ No

If yes, please detail:  
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

**DECLARATION:**

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, may be liable to have my employment terminated.

Signature: ________________________________ Date: ________________________________