

PERSONAL DETAILS

Last Name

First Name

Other Names

Mr Miss Mrs Ms Other

Title

Email Address

Home Phone

Mobile

Physical Address

Postal Address
(If Different)

EMERGENCY CONTACT DETAILS

Last Name

First Name

Contact Number

Relationship

LEGAL WORK STATUS

Are you legally entitled to work in New Zealand?

Yes No

If you are not a permanent resident of New Zealand do you have a current work permit?

Yes No

Expiry date of work permit (please attach copy)

JOB SPECIFIC QUESTIONS

Are you a Registered Teacher

Yes NO (Please go to the next section, Qualification)

If yes, Registration Number

Expiry Date

Type of Registration

Subject to Confirmation Provisional Registration Full Registration

If your application is successful, when can you start?

Immediately weeks

Are there any conditions placed upon you by the Education Council?

Have you ever had a Mandatory Report submitted about you to the Education Council by any previous employer?

QUALIFICATIONS

Please list all completed Tertiary Qualifications.

Qualification	Institution	Date of Completion

If you have overseas qualifications, has the qualification/s been assessed by the NZQA? Yes No

GENERAL QUESTIONS

Do you have a spouse, partner or relative working for the Company?

Yes No

If yes, please provide detail

Do you have a spouse, partner or relative working elsewhere in the same or similar Industry?

Yes No

If yes, please provide detail

Have you ever worked for the Company before?

Yes No

If yes, please provide detail

Are you fluent in English?

Yes No

Do you speak any other languages?

Yes No

If yes, please provide detail

Do you have any secondary employment?

Yes No

If yes, please provide detail

Are you aware of any potential conflict of interest which may affect your ability to work for the Company?

Yes No

If yes, please provide detail

Do you hold a current NZ Driver License?

Yes No

If yes, Driver License Number and Classes.

Do you hold any demerit points or endorsements?

Yes No

If yes, please provide detail

Do you have any pending court action that may affect your licence?

Yes No

If yes, please provide detail

Have you ever been involved in an investigation process into any aspect of your competency or conduct as a teacher?

Yes No

If yes, please provide detail

Have you ever been involved in any disciplinary processes during your employment as a teacher to date?

Yes No

If yes, please provide detail

Have you ever had any disciplinary action taken against you by an employer?

Yes No

If yes, please provide detail

REFEREE

Please provide details of at least two people we can contact for current/past employment/ character referees, with at least 1 previous being someone you reported to directly.

Please note: To ensure we are adhering to the Ministry of Education & Evolve safety checks; all referees will be validated by confirming with their current place of work that they are employed there. To ensure a timely recruitment process, please ensure your referees are aware we will be making contact.

It is preferable that we contact your referee via a land line number. A reference will take approximately 10-15 minutes and we are able to ensure it is at a time that suits them.

REFEREE #1 *(Required)*

<input type="text"/>	<input type="text"/>
Last Name	First Name
<input type="text"/>	<input type="text"/>
Job Title	Company Name
<input type="text"/>	<input type="text"/>
Phone Number	Mobile Number
<input type="text"/>	<input type="text"/>
Email	Direct Report <input type="checkbox"/> Yes <input type="checkbox"/> No

REFEREE #2 *(Required)*

<input type="text"/>	<input type="text"/>
Last Name	First Name
<input type="text"/>	<input type="text"/>
Job Title	Company Name
<input type="text"/>	<input type="text"/>
Phone Number	Mobile Number
<input type="text"/>	<input type="text"/>
Email	Direct Report <input type="checkbox"/> Yes <input type="checkbox"/> No

REFEREE #3 *(Optional)*

<input type="text"/>	<input type="text"/>
Last Name	First Name
<input type="text"/>	<input type="text"/>
Job Title	Company Name
<input type="text"/>	<input type="text"/>
Phone Number	Mobile Number
<input type="text"/>	<input type="text"/>
Email	Direct Report <input type="checkbox"/> Yes <input type="checkbox"/> No

- I consent to the Company seeking verbal or written information on a confidential basis about me from referees and representatives of my current and previous employers and I authorise the information sought to be released by them for ascertaining my suitability for the position applied for. I accept that the information will be supplied to the Company in confidence as evaluative material and will not be disclosed to me. I consent to the Company retaining the information contained in this application form for the purpose of considering my suitability for other roles which may arise in the future.

WORK EXPERIENCE

Please list all jobs held with the most recent employer first. Continue on a separate sheet if necessary.

LAST OR PRESENT EMPLOYER

Company Name

Your Position Title

From To

Reason for Leaving

PREVIOUS EMPLOYER

Company Name

Your Position Title

From To

Reason for Leaving

PREVIOUS EMPLOYER

Company Name

Your Position Title

From To

Reason for Leaving

PREVIOUS EMPLOYER

Company Name

Your Position Title

From To

Reason for Leaving

PREVIOUS EMPLOYER

Company Name

Your Position Title

From To

Reason for Leaving

HEALTH

If you are offered employment, the offer may be subject to your obtaining a full medical clearance to assess your fitness for the role.

Do you have any health problems or known medical conditions which may affect your ability to effectively carry out the functions and responsibilities of this position? This includes any disability or past injuries that may affect your employment. Yes No

If yes, please provide detail

PRE-EMPLOYMENT CHECK

Have you been convicted of a criminal offence or had legal proceedings made against you in the last seven years? (Do not include any convictions covered by the Clean Slate Act.) Yes No

If yes, please provide detail

Are you currently waiting for the hearing of any charges in a civil or criminal court? Yes No

If yes, please provide detail

DECLARATION: Before you submit this application form, please confirm the following.

- I declare that the information contained in this application and any supporting information is accurate, complete and correct. I accept that should my application be successful; this information will form part of my employment agreement and falsification or withholding of information may be grounds for dismissal without notice.
- I agree to my information being retained and considered for future suitable job opportunities.
- I agree to my police vetting results being retained for auditing purposes & I agree to my police vetting results being transferred to and shared with any centre within the Evolve Education Group as/if required.

Signature

Date



www.evolveeducation.co.nz/careers



09 377 8700



careers@eeg.co.nz