



MWA Limited, Trading as Bumblebees Childcare Centre • 4 Taniwha Street, Glen Innes, Auckland

JOB APPLICATION FORM

Note: You should provide complete, accurate information in answer to each question unless otherwise advised, regardless of whether you consider it relevant to the position applied for. Should you fail to fully complete any section(s) of this form it is likely that your application for employment will not be given further consideration.

Position applied for: _____ Date: _____

PERSONAL INFORMATION

Mr / Mrs / Miss / Ms / Dr

Full Name: _____
First Middle Surname

Address: _____
Street Suburb City

_____ *Area Code E-Mail Address Phone*

Are you a permanent NZ resident? Yes / No. If not, do you hold a current work permit? Yes / No. Expires/...../.....

INTERESTS, HOBBIES AND SPORTS

What are your interests? _____

Do you belong to any organisations, sporting or otherwise, outside of work? (i.e volunteering, clubs etc.) _____

TERTIARY EDUCATION

Tertiary Institution Attended <i>(Attach summary of certificates & grades)</i>	Period	Degree/Qualification Attained

CURRENT STUDY

Current courses undertaken presently:

Any workshops or in-service study courses attended in the last year:

PROFESSIONAL SKILLS, MEMBERSHIPS AND REGISTRATIONS

Do you hold a Current First Aid Certificate?

 Yes No

Expiry Date:

Specialist skills: *i.e. music, art, leadership:*

Languages spoken:

Are you registered with Education Council NZ?

 Yes No

Reg No:

Status of Teacher Certification:

 Subject to Confirmation Full Provisional

Date of Reg:

Have you ever been suspended or relieved of duty as the result of disciplinary action in your capacity as an educator?

 Yes No

Details:

Have you ever had your Teacher Registration revoked or suspended?

 Yes No

Details:

To your knowledge, are you aware of any past or current allegations of any nature made against you in your capacity as an educator by your current or previous employer, parent or care-giver, or co-worker?

 Yes No

Details:

PRESENT & PREVIOUS EMPLOYMENT *(Attach written work related and character references)*

Date		Position	Company	Salary <i>(optional)</i>	Reason for Leaving
From	To				

*Please attach further employment history on the sheet attached if required.***CRIMINAL CONVICTIONS**

Have you ever been convicted of any criminal offence that may be related to this position in any way? (such as theft, fraud, violence, child abuse or sexual offences).

 Yes No

If yes, please provide details including dates below.

Are you aware of any other potential charges the police may be considering laying against you?

 Yes No

Are you aware of any complaints or investigations made about you in respect of the provision education and care as an educator, supervisor or manager that have been referred to the New Zealand Police, CYFS, the Education Council NZ or any other statutory body in and outside New Zealand?

 Yes No

HEALTH & SAFETY DECLARATION

Have you suffered from or been treated for any work related illness or injury, or have any medical condition, that could be aggravated by the demands of the position? If so, please provide full details below.

How much sick leave have you used over the last 12 months of employment? (Approximate days and provide details)

Do you currently suffer from or are currently being treated for any medical condition/s that may affect your ability to perform in this position? If so, please provide full details below.

Is there anything else that you need to declare that may affect your performance in this position? If yes, please explain;

Signed: _____

OTHER

Would you intend to engage in other paid work while employed in this position? Yes No

MANAGEMENT POSITIONS ONLY (Answer this section only if you are applying for a Supervisory or Management role)

Have you been adjudicated bankrupt under the Insolvency Act 2006 Yes No

Have you had any previous involvement in the provision of education and care services in respect of which a license issued under any of those regulations has been suspended or cancelled Yes No

Have you ever been suspended or relieved of duty as the result of disciplinary action in your capacity as an educator, supervisor or manager? Yes No

REFEREES

List names, addresses, and contact phone numbers of three people. (Include at least two work-related referees of the most previous employers).

	NAME	PHONE	OR	EMAIL
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

If working, may we contact you at work? Yes No Phone: _____

How did you find out about this vacancy? Job Advert _____ Referral _____ Cold Call _____

What is your salary/wage expectation for this position? _____ When could you start employment? _____

Do you have any children you would like to enrol at Bumblebees? Yes No If yes, how many? _____

AUTHORISATION

- I authorise my past or present employees and those named below to disclose to MWA Ltd such information, as MWA Ltd requires, to determine my suitability for employment with MWA Ltd.
- I authorise MWA Ltd to obtain references relating to my education, criminal and employment history from any source at any time prior to or during my employment with MWA Ltd in relation to this job application.
- I authorise MWA Ltd at any time prior or during my employment with MWA Ltd to contact any of my past or present employers in relation to this job application.

PRIVACY ACT 1993

- This application collects personal about you to determine your suitability for employment with MWA Ltd. This may include subsequent changes in employment.
- This information is being collected and held by MWA Ltd, 4 Taniwha St, Glen Innes, Auckland. The intended recipient of the information is MWA Ltd.
- You have a right of access to personal information (excluding any material of an evaluative nature) and to seek any correction you think necessary to ensure accuracy.

DECLARATION

I _____ (Applicant's full name) declare that to the best of my knowledge, the answers to the questions in this application are correct. I understand that if any false information is given, or any material fact suppressed, I may not be accepted, or if I am employed, I may be dismissed. I also understand that any false information given the medical portion of this form may result in my loss of entitlement for any compensation from ACC.

Applicant's Signature: _____

Date: _____

POLICE CHECK

REFERENCE CHECK

CONDITIONS OF EMPLOYMENT

Interviewer (Employing Manager)	
Date	
Position	
Supervising Officer / Manager	
Employment Commencement Date	
Salary / Hourly Rate	
Account Number	
IRD Number	
Pay Cycle	
Contract Type	
Special Arrangements	
Contract Duration	
Contract Review Date	
Performance Appraisal Date	
Other Conditions of Employment	
Training Requirements	
Security Code/s Issued	
Key/s Issued	

COMMENTS
