



## Job Application

Name:

Address:

Phone numbers:

Email:

Position applying for:

Please list your main areas of strength:

### Qualifications

Degrees, Diplomas, Certificates	Date	Institution

What is your current position and the date of your appointment?

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### Educational Experience

Please give details in date order of previous work experience and length of service within the education field:

Position	School/Employer	Started	Finished

Teacher registration number _____		Expires _____	

**Referees**

Please provide names, addresses and phone numbers of three people whom you have contacted for confidential references. Please state why you have chosen them.

**Name:**

**Position:**

**Telephone: (mobile)** \_\_\_\_\_ **Other** \_\_\_\_\_

**Reason:**

**Name:**

**Position:**

**Telephone: (mobile)** \_\_\_\_\_ **Other** \_\_\_\_\_

**Reason:**

**Name:**

**Position:**

**Telephone: (mobile)** \_\_\_\_\_ **Other** \_\_\_\_\_

**Reason:**

## Declaration

In addition to other information provided, are there any other factors, medical, mental health related, criminal or otherwise that we should know in order to assess your suitability for appointment?

Yes / No (highlight one). If yes, please elaborate:

Do you currently, or have you at any time been involved in a competency or formal advice and guidance programme at a previous job?

Yes / No (highlight one). If yes, please elaborate.

Do you or have you at any time had your Teacher Registration withheld or been under an agreement with the NZ Teachers' Council?

Yes / No (highlight one). If yes, please elaborate on a separate sheet of paper.

## Privacy Act 1993

*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 and Principal approaching my referees for a written statement of my abilities in relation to the application and, should it be necessary to seek verbal clarification from the above referees on points that may need further explanation. Furthermore consent is given for a representative of the Board of Trustees to make enquiries of my present or past employers or colleagues or any other person who may assist in establishing my suitability for the position of teacher at Clevedon School.*

I, (full name) \_\_\_\_\_ declare that to the best of my knowledge the answers and the information given in this application are correct and I understand that if any false or misleading information is given, or any material suppressed I will not be accepted, or if I am employed, my employment will be terminated.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

If completing this form electronically please type your full name below in lieu of a signature.

**Please email this form, your CV and a cover letter to: [vacancies@clevedon.school.nz](mailto:vacancies@clevedon.school.nz)**