

LINCOLN ROAD CHILDCARE AND KINDERGARTEN

Employment Application Form

Position applied for: _____

Name: _____

Address: _____

Phone number: _____ Date of Birth: _____

Family Status: _____

Ethnic Background: _____

Are you a citizen of New Zealand? Yes/No

If Yes, can you produce evidence if required? Yes/No

If No, can you produce evidence of your right of residence or a work permit?

Yes/No

Qualifications: (Include registration) _____

Work History / Paid or unpaid experience: _____

Employment

Present or Most Recent Employer:

Employer: _____

Address: _____

Position Held: _____

Main Duties: _____

Dates Employed: From _____ to _____

No. of hours worked per week: _____

Reasons for Leaving: _____

Next Most Recent Employer:

Employer: _____

Address: _____

Position Held: _____

Main Duties: _____

Dates Employed: From _____ to _____.

No. of hours worked per week: _____

Reason for Leaving: _____

Details of other relevant positions:

Referee 1 Name: _____

Address: _____

Phone: _____

Referee 2 Name: _____

Address: _____

Phone: _____

Pastor's Name: _____

Address: _____ Phone: _____

Health/Disability

The Health and Safety in Employment Act requires the employer to identify hazards and to provide a safe work place. A persons physical state may pose a hazard for themselves and other staff hence the reason for these questions.

Do you have the physical ability to effectively carry out the functions and responsibilities of the position applied for?

Yes/No

If no, please detail: _____

Do you have any injury, present or past, likely to be aggravated by the position applied for? Yes/No

If yes, please detail: _____

Have you claimed Accident compensation in the last 5 years? Yes/No

If yes, please give details: _____

Please describe briefly your philosophy on Early Childhood Education:

Please describe briefly in what ways you would uphold the Christian philosophy of the Centre. _____

Experience

List any other skills/training attained through involvement in community and/or family activities that are relevant to this position. _____

Do you have a First Aid Certificate? Yes/No Expiry date: _____

Would you be willing to get a First Aid Certificate? Yes/No

Have you had a criminal conviction? Yes/No
Offence: _____ Date: _____

Would you be willing for us to run a Police check? Yes/No

I give consent to the organisation seeking verbal or written information about me from representatives of my previous employers and/or referees and authorise the information sought to be released. Yes/No

If Yes, Please sign: _____ Date: _____

Declaration

I, _____ (full name) declare that to the best of my knowledge the answers in this application are correct and I understand that if any false or deliberately misleading information is given, or any material fact suppressed, my application will be unsuccessful, or if I am employed my employment may be terminated at the employers discretion. I also understand that any omissions or false information given in relation to any previous injuries etc may result in my loss of entitlement for any compensation from the employer's ACC insurer.

Declaration of Criminal convictions

I (insert name) _____ declare that I have no criminal convictions, especially in the areas of fraud, theft, violence or sexual violations, or any current proceedings in these areas.

I make this solemn declaration conscientiously believing the same to be true by virtue of the Oaths and Declarations Act 1957.

Declared at _____

This _____ day of _____ 20__.

Signed _____

Date _____