



## Employment Application

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*First Last*

Address: \_\_\_\_\_  
*Street Address*

\_\_\_\_\_  
*City State Post Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Date Available: \_\_\_\_\_

Position Applied for: \_\_\_\_\_

Are you a citizen of the New Zealand?    YES     NO     If no, are you authorized to work in the N.Z..?    YES     NO

If no, explain: \_\_\_\_\_

Teacher Qual & Reg No: \_\_\_\_\_

### Education

High School: \_\_\_\_\_ City/Town: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Tertiary: \_\_\_\_\_ City/Town: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Degree: \_\_\_\_\_

### References

*Please list two professional references that we can call*

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**Previous Employment**

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Referee: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
May we contact your previous supervisor for a reference?      YES      NO  
        

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Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Referee: \_\_\_\_\_  
Job Title: \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
May we contact your previous referee for a reference?      YES      NO  
        

**Medical disclosure**

*Please tell us about any medical conditions or previous injuries that you may have had that may adversely affect your ability to fulfill this role.*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Disclaimer and Signature**

*I certify that my answers are true and complete to the best of my knowledge.*

*If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.*

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