

James Hargest College

Vacancy Application Form



Thank you for applying for a position with James Hargest College.

Please email: principal@jameshargest.school.nz the following documents:

- Cover Letter
- Completed Application Form
- CV containing significant and relevant recent professional development and your past employment
- Scanned copies of Qualifications (*Successful applicant must supply original qualifications for sighting*).

Personal Details:	
Given Names:	
Surname:	
Address Line 1:	
Address Line 2:	Postcode:
Mobile Phone:	
Email:	Date of Birth:
Current Employment:	
Name of Employer/School:	
Address Line 1:	
Address Line 2:	Postcode:
Date commenced:	
Positions held:	
Prior 5 Year Employment History to Current Employment:	
Name of Employer:	
Address Line 1:	
Address Line 2:	Postcode:
Date commenced:	Date left:
Positions held:	
Reason for Leaving:	
Name of Employer:	
Address Line 1:	
Address Line 2:	Postcode:
Date commenced:	Date left:
Positions held:	
Reason for Leaving:	
Health:	
Do you have, or have you ever had, a medical condition caused by an injury, illness, disability or gradual process that the tasks of the vacancy you are applying for may aggravate or contribute to, or that may affect your ability to carry out the work of the vacancy you are applying for? Delete one <input checked="" type="checkbox"/> as appropriate	
<input checked="" type="checkbox"/> Yes No <input checked="" type="checkbox"/>	
If "Yes", what are the details of your condition?	
Qualifications including Partially Completed Qualifications and/or Current Study:	
1.	
2.	
3.	
4.	
5.	
6.	

Teaching Positions Only:	
Current Salary Step and Units:	
Specialist Teaching Subjects:	
Teacher Registration Number:	Expiry Date:
Current Teacher Registration Status:	
Have you ever had your Teacher Registration cancelled, been deregistered or had conditions imposed or been refused Teacher Registration in NZ or Overseas?	Delete one <input checked="" type="checkbox"/>
	<input checked="" type="checkbox"/> Yes No <input checked="" type="checkbox"/>
Have you been charged with any criminal offence since your Teacher Registration was renewed?	<input checked="" type="checkbox"/> Yes No <input checked="" type="checkbox"/>
Is there any reason why the Teaching Council of Aotearoa might decline to renew your Teacher Registration when it expires?	<input checked="" type="checkbox"/> Yes No <input checked="" type="checkbox"/>
Are you currently, or have you ever been under disciplinary or competence procedures in any previous positions?	<input checked="" type="checkbox"/> Yes No <input checked="" type="checkbox"/>
Referees:	
We will contact your referees, who should be people who have known you in your professional capacity. One of these referees should be your current Principal/Manager/Supervisor. Family members are not suitable as referees.	
Referee 1 Name:	Mobile:
Home Phone:	Work:
Email:	
Relationship to you:	
Position held and where:	
Address Line 1:	
Address Line 2:	Postcode:
Referee 2 Name:	Mobile:
Home Phone:	Work:
Email:	
Relationship to you:	
Position held and where:	
Address Line 1:	
Address Line 2:	Postcode:
Referee 3 Name:	Mobile:
Home Phone:	Work:
Email:	
Relationship to you:	
Position held and where:	
Address Line 1:	
Address Line 2:	Postcode:
Personal Information and Authorisation:	
Please read the declaration at the end of the form before answering these questions and delete one <input checked="" type="checkbox"/> where appropriate for each answer:	
Are you a New Zealand citizen?	<input checked="" type="checkbox"/> Yes No <input checked="" type="checkbox"/>
If you are not a resident, please upload details of residency or valid NZ work permit below:	
Have you ever been declared bankrupt?	<input checked="" type="checkbox"/> Yes No <input checked="" type="checkbox"/>
Are you a discharged bankrupt?	<input checked="" type="checkbox"/> Yes No <input checked="" type="checkbox"/>
Have you ever been convicted of any offence against the law (apart from minor traffic convictions or parking offences)?	<input checked="" type="checkbox"/> Yes No <input checked="" type="checkbox"/>
Have you ever been discharged without conviction for an offence?	<input checked="" type="checkbox"/> Yes No <input checked="" type="checkbox"/>
Do you have any criminal charges pending or awaiting sentencing?	<input checked="" type="checkbox"/> Yes No <input checked="" type="checkbox"/>
Are your stated qualifications genuine in every respect?	<input checked="" type="checkbox"/> Yes No <input checked="" type="checkbox"/>
Have you ever been the subject of any concerns involving student safety?	<input checked="" type="checkbox"/> Yes No <input checked="" type="checkbox"/>

Authorisation:

I consent to the Board of Trustees, Principal or Nominee of James Hargest College to seek verbal or written information on a confidential basis about me from representatives of my former employers, referees and/or any other person to gather information for the purpose of ascertaining my suitability for the position for which I am applying. I understand the information received by the school is supplied in confidence and will not be disclosed to me.

Yes No

I consent to the Board of Trustees, Principal or Nominee of James Hargest College to make any reasonable enquiries concerning my background to assist in assessing my suitability for the position for which I am applying.

Yes No

I give the Board of Trustees or Principal of James Hargest College permission to access any information, including matters under investigation held by the Teaching Council of Aotearoa or any other educational organisation. The purpose of this is to assess my suitability for appointment to the position.

Yes No

Signed:

Date:

Declaration:

I declare the information provided in this application, and in any curriculum vitae attached is accurate and no relevant material or information has been omitted. I understand if any false or misleading information is given or any material fact is suppressed or deliberately omitted, I will not be employed, or if I am employed, my employment will be terminated. I also understand any false information in relation to my health history with regard to gradual process, disease or infection can result in my loss of entitlement for any compensation from ACC or the school's workplace insurer.

Signed:

Date:

PLEASE NOTE:

1. You may insert electronic signatures on this form, OR
Provide consent in your email content that you agree with the Authorisation and Declaration.
2. Non-Teaching Staff will be subject to Police Vetting while for Teaching Staff, this is included in your Teacher Registration.