

Job Application Form



Completed application to be emailed to the Principal's PA, Mrs Yvonne de Graaf via y.degraaf@bdsc.school.nz

PRIVACY OF PERSONAL INFORMATION

The information you provide on this application form will be collected and held by the Board of Trustees of Botany Downs Secondary College. It is being collected solely for the purpose of assessing your suitability for employment in this specific position, or any other we may deem appropriate.

Should your application be successful, this document will be retained on your personnel file however should your application be unsuccessful, this document, together with your other application papers, will be confidentially destroyed.

You have the right of access to personal information and to seek any correction you think necessary to ensure accuracy.

Personal Details

Surname:	<input type="text"/>	First Name:	<input type="text"/>
Address:	<input type="text"/>		
	<input type="text"/>		
Phone (Home):	<input type="text"/>	Mobile:	<input type="text"/>
Business:	<input type="text"/>	Business Extension #:	<input type="text"/>
Current Teacher Classification:	i.e. FULL REGISTRATION		
Registration Number:	<input type="text"/>	Expiry Date:	<input type="text"/>
Are you a citizen of New Zealand?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have Residency Status?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you legally entitled to work in New Zealand and in possession of a valid work visa?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Where appropriate, please attach evidence of eligibility to work in New Zealand.			
Any additional comments?			
<input type="text"/>			
<input type="text"/>			
<input type="text"/>			
<input type="text"/>			
<input type="text"/>			
<input type="text"/>			
<input type="text"/>			
<input type="text"/>			
<input type="text"/>			
<input type="text"/>			
Driver's License Number:	<input type="text"/>	Ministry of Education Number:	<input type="text"/>

Education, Development & Employment History

TERTIARY EDUCATION COMPLETED

DEGREE, DIPLOMA OR CERTIFICATE	NAME & LOCATION OF INSTITUTION	YEARS OF ATTENDANCE

TERTIARY STUDY CURRENTLY BEING UNDERTAKEN

DEGREE, DIPLOMA OR CERTIFICATE	NAME & LOCATION OF INSTITUTION	YEARS OF ATTENDANCE

SIGNIFICANT RELEVANT PROFESSIONAL DEVELOPMENT IN THE PAST 3 YEARS

DEGREE, DIPLOMA OR CERTIFICATE	NAME & LOCATION OF INSTITUTION	YEARS OF ATTENDANCE

PRESENT POSITION

Name and address of School or place of employment:

Period of Employment: FROM: TO:

Positions Held:

Current Salary Step:

PREVIOUS EMPLOYMENT POSITIONS

YEARS	NAME & ADDRESS OF SCHOOL/EMPLOYER	POSITION(S) HELD

Health

I understand that any false information given in relation to my medical history may result in the loss of entitlement for any compensation from ACC or the Board's workplace accident insurer.

Please describe any injury or illness you have had that may affect your ability to effectively carry out the duties and responsibilities of this position?

Do you have any other known condition that may affect your ability to carry out the duties and responsibilities outlined in the job description?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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If yes, please provide the details.

Have you had any injury or medical condition caused by gradual process, disease or infection, such as occupational overuse syndrome which the tasks of this position may aggravate or contribute to?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Professional Associations

Community Involvement

Convictions Against the Law

Have you ever been convicted of any offence against the law (apart from minor traffic convictions)?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Have you ever received a police diversion for an offence?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Have you ever been discharged without conviction for an offence?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Have you ever been convicted of a driving offence which resulted in temporary or permanent loss of license, or imprisonment?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Are you awaiting sentencing or do you have charges pending?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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In addition to other information provided, are there any other factors that we should know to address your suitability for appointment and your ability to do the job?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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Have you ever been the subject of any concerns involving child safety?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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If you answer YES to the above, please enclose a Certified Copy of the entry in the Criminal Record Book relating to the conviction(s), obtained from the Registrar of the Court concerned. The copy should be accompanied by any comments regarding the offence that you wish to make. Please give full details.

A Board may not employ or engage a children's worker who has been convicted of an offence specified in Schedule 2 of the Vulnerable Children Act 2014.

Please Note: The Board of Trustees may seek a police clearance of all short-listed applicants or preferred applicants, prior to confirmation of your appointment. Police Clearances are obtained for all new staff members and these are renewed on a three yearly basis as required by New Zealand Legislation pertaining to the employment of personnel in schools. Failure to provide correct and true details on any conviction or other reason for possible unsuitability will make you liable for dismissal from the employment of the Botany Downs Secondary College by the Board of Trustees, should you be the successful applicant.

Referees

For the purposes of compliance with the Privacy Act 1993, do you consent to the school contacting your present employer for the purpose of reference checking?

Yes No

Please give details of referees that you authorize us to contact.

At least two of these must be known to you in a work-related capacity.

Name:	<input type="text"/>	Phone Number:	<input type="text"/>
Position Held:	<input type="text"/>		
Address:	<input type="text"/>		
Capacity in which you have known this person:	<input type="text"/>		

Name:	<input type="text"/>	Phone Number:	<input type="text"/>
Position Held:	<input type="text"/>		
Address:	<input type="text"/>		
Capacity in which you have known this person:	<input type="text"/>		

Name:	<input type="text"/>	Phone Number:	<input type="text"/>
Position Held:	<input type="text"/>		
Address:	<input type="text"/>		
Capacity in which you have known this person:	<input type="text"/>		

Documentation and Proof of Identity

Please list the documents that you have attached to this application form. Enclose ONLY COPIES of original documents. Please provide two types of proof of identity (one photo ID, e.g. passport, driver's license and one record ID, birth certificate, bank statement).

Declaration

I **certify** that the information I have completed on this form is both complete and accurate in every detail and I understand that deliberate inaccuracies or omissions may result in non- acceptance of this application and/ or termination of employment.

Signature:

Date:

Authorisation

Do you agree to inquiries being made as to the accuracy of information contained in this application form or associated documents, or any other matter relating to your suitability for employment? Indicate YES or NO as appropriate.

Present Employer

Yes

No

Past Employer

Yes

No

Other Referees

Yes

No

Former Principal

Yes

No

Signature:

Date: