



Application for Appointment

IMPORTANT NOTES FOR APPLICANTS

Thank you for applying for a position within our School.

1. Please fully complete this form personally. Read it through first then answer all questions and make sure you sign and date where indicated on the last page.
2. Attach a curriculum vitae (CV) containing any additional information. If you include written references, please note that we may contact the writers of these references.
3. Attach copies of qualification certificates only. If successful in your application, you will be required to provide originals as proof of qualifications.
4. If you are selected for an interview, you may bring whanau/support people at your own expense. Please advise Tiera Matenga Riki triki@southerncross.school.nz if this is your intention.
5. Failure to complete this application and answer all questions truthfully may result in any offer of employment being withdrawn or appointment being terminated if any information is later found to be false.
6. Shortlisted applicants will be asked to give consent to a police vet.
7. This application form and supporting documents will be held by the Campus. You may access it in accordance with the provisions of the Privacy Act 1993.

If you have any queries, please contact Tiera Matenga Riki triki@southerncross.school.nz

OFFICE USE ONLY: This page must be retained on file as part of the application; it must not be removed or destroyed.

Name of Applicant: _____

Position Applied for: _____



APPLICATION FOR APPOINTMENT

Tick One

Mr Mrs Ms Miss

Or other preferred title: _____

Surname / Family Name

First Names (in full)

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Full Postal Address

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Contact Telephone Number

Private:	Business:	Mobile:
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Please tick the appropriate boxes:

Are you a New Zealand citizen?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If not, do you have residence status, or	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
A current work permit?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Have you ever had a criminal conviction?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If "Yes" please detail:				
Have you ever been convicted of a driving offence which resulted in temporary or permanent loss of licence, or imprisonment?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If "Yes" please detail:				
Are you awaiting sentencing / currently have charges pending?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If "Yes", please provide details:				



In addition to other information provided are there any other factors that we should know to assess your suitability for appointment and ability to do the job?

Yes No

If "Yes" please detail:

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

Yes No

If "Yes" please detail:

Do you have a medical condition that could prevent you from performing in this position to an acceptable level?"

Yes No

Do you have a current driver's licence? Yes No

What class of licence held? _____

Have discipline procedures ever been commenced against you in any of your previous employment positions?

Yes No

If "Yes" please detail:

Have you had or are you involved in any school discipline issues?

Yes No

If "Yes" please detail

Are you part of a current Police investigation?

Yes No

If "Yes" please details

Qualifications:

Please state your last secondary level qualification:

Please state your tertiary level qualification/s:

Please state any other qualifications that relate to the position:



Employment History

Please outline your most recent employment history, beginning with current or latest employment.

Period Worked	Employer's Name	Position Held	Reason for Leaving

Please provide the names of three people who could act as referees for you. At least one of these should be able to attest to your work performance. If you have included written references from people other than those recorded below, please note that we may contact the writers of these references.

Name	Address	Telephone	Relationship (e.g. employer/principal)

Do you agree to these references being asked to nominate other persons who might assist in assessing your application? If Yes, please note that we may contact these persons. Yes No



I certify that the information I have supplied in this application is true and correct. I understand that if I have supplied incorrect or misleading information, or have omitted any important information, I may be disqualified from appointment, or if appointed, may be liable to be dismissed. I confirm the terms of the Privacy Act 1993 that I have authorised access to referees.

Applicants Signature _____ Date _____



REFEREE'S REPORT
(Confidential to Southern Cross Campus)

Name of Applicant: _____

Referee's Name: _____

Home Phone: _____ Mobile Phone: _____

Work Phone: _____ Work Extension: _____

Email Address: _____

1. (a) What is your relationship to the applicant? _____

(b) How long have you known them? _____

(c) What opportunities have you had recently to see them at work?

2. What are **three** reasons that they will stand out as being an excellent teacher?

3. What are **three** areas that they will need further development?

4. If you were in our position, would you appointment this Applicant as a teacher without reservation?

5. Any other comments that you would to make that will help in the consideration of this Applicant?

Thank you for your support in this application process.

Please return directly to:

The Executive Assistant
Southern Cross Campus
237 Buckland Road
Mangere
Auckland 2024

Email: triki@southerncross.school.nz