



CANDIDATE REGISTRATION

Position applied for: _____
Date: _____
If your application is successful, when could you commence employment? _____
Teacher Registration Number (please provide a scanned copy): _____

PERSONAL DETAILS

Last Name: _____ First Name: _____
Address: _____
Home Phone: _____
Mobile Phone: _____
Email: _____

WORK STATUS

Are you legally entitled to work in New Zealand? Yes / No
As: A New Zealand Citizen Yes / No
A Permanent Resident Yes / No
A holder of a current Work Permit Yes / No
Skilled Migrant Visa Yes / No
If Work Permit, please state expiry date _____

QUALIFICATIONS (if not stated on your CV)

Degree/Diploma(s): _____
Major/Majors: _____

REFEREES (please give details of at least two referees who we can contact). If stated on your CV please note refer to CV.

Referee Name: _____
Company/School: _____
Position: _____
Phone Numbers: _____
Email Address: _____
Relationship: _____

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Company/School: _____
Position: _____
Phone Numbers: _____
Email Address: _____
Relationship: _____

GENERAL

Do you have any present criminal convictions, not including any concealed under the Clean Slate Act? * Yes / No

Are you awaiting the hearing for charges in a civil or criminal court of law? * Yes / No

Do you have any legal proceedings against you pending? * Yes / No

If yes, please provide details

Do you know of any work issues or commitments which may affect your work attendance or ability to perform your role or which may be a potential conflict of interest? Yes / No

Do you have a current drivers licence? Yes / No

If yes, what type?

Do you have any demerit points or endorsements? Yes / No

Do you have any driving offence cases pending? Yes / No

*If yes, please provide details:

Do you have your own vehicle? Yes / No

Have you ever been dismissed from your employment (excluding redundancy)? Yes / No

Have you ever been subject to an employment investigation/inquiry, CAC or Education Council Tribunal Hearing? Yes / No

Have you previously received any formal warnings during the last 12 months of your employment? Yes / No

Have you ever been suspended or encouraged to take paid leave? Yes / No

MEDICAL

Have you had an injury or medical condition caused by gradual process, disease or infection for example hearing loss, sensitivity to chemicals, occupational overuse syndrome, that the role for which you are applying may aggravate or contribute to? Yes / No

Do you have any health issues (physical or mental) that may impact on your ability to perform the tasks listed in the position description for the role that you are applying for? Yes / No

If yes, please provide details:

In the last 12 months, how many days off work have you had for stress/medical leave? Yes / No

PRIVACY ACT CONSENT

Do you consent to the Company retaining the information contained in this application form for the purposes of considering your suitability for any other position which may arise with this Company in the future? Yes / No

DECLARATION AND CONSENT

I declare that to the best of my knowledge the information provided in this application and in my resume / CV is accurate.

I give Westmount Education Trust permission to provide their agents with this registration, my resume and any other relevant documents to enable it to carry out these checks.

I give my consent to Westmount Education Trust seeking verbal or written information from the above referees with regard to my suitability for employment and authorise the information sought, to be released. I am aware if I am untruthful or misleading on this form my employment and interview process may be terminated.

Signature: _____

Date: _____