Raglan Area School

TE KURA A ROHE O WHAINGAROA

Teacher Employment Information Form

Personal Information

Surname	
First Names	
Preferred Name	
Preferred Title	MR MRS MS MISS DR OTHER
Home Address	
Telephone Private	
Telephone Mobile	
Citizenship Status	
Are you legally entitled to work in New Zealand?	YES NO Where appropriate, please attach evidence of eligibility to work in New Zealand.

Emergency Contacts

Name	
Email	
Phone Number	
Address	

Teaching Registration

Total Length of Certificated Service	
NZ Ministry of Education personal number	
NZ Teacher Registration Number and Status	
NZ Expiry Date for Teacher Registration	
Are you currently under any NZ Teachers' Council investigation?	YES NO
NB Please attach photocopied evidence of current teacher registration	

Health Information

Do you have any known health condition that may affect your ability to efficiently carry out the functions and responsibilities of the position applied for?	YES NO
If you answered YES please specify below:	

Proof of ID (verified copies attached) - please attach at least two documents

WHAT	Relevant Numbers	Date of Expiry
Driver's Licence		
Passport		
Birth Certificate		

Convictions against the Law

Have you ever been convicted of any criminal offence (other than a minor traffic offence)?	YES NO
If you answered YES please specify below:	
Are you currently awaiting the hearing of any charges?	YES NO

Referees

Name and contact numbers of 3 referees
(They must be able to attest to your ability to carry out the role that you are applying for).

1. **Name:_____ Position:**

Phone: (day) _____ (evening) _____ (cellphone) _____

2. **Name: _____ Position _____**

Phone: (day) _____ (evening) _____ (e-Mail) _____

3. **Name:_____ Position:_____**

Phone: (day) _____ (evening) _____ (cellphone) _____

Declaration

1. ***I declare that to the best of my knowledge the information provided in this application, and in my accompanying letter and Curriculum Vitae (including the last 5 years of my work history) is accurate.***

2. ***I understand that if any false or misleading information is given, or any material fact suppressed, I will not be employed, or if I am employed, my employment may be terminated.***

3. ***I also understand that any false information given in relation to my medical history with regards to gradual process, disease or infection, may result in my loss of entitlement for any compensation from ACC.***

4. ***I consent to the school seeking verbal or written information on a confidential basis about me from representatives of my previous employers and/or referees and authorise the information sought to be released to the school for the purposes of ascertaining my suitability for the position(s) for which I have been employed.***

5. ***I understand that the information received by the school is supplied in confidence as evaluative material and will not be disclosed to me.***

Teacher's Full Name	
Teacher's Signature	
Date Signed	