ALFRISTON COLLEGE TEACHING STAFF

EMPLOYMENT APPLICATION FORM

Vacancy reference: **Position:**

IMPORTANT NOTES FOR APPLICANTS

Thank you for applying for a teaching position with Alfriston College.

Please ensure you have a copy of the Job Description and person specifications before completing this application.

1. Please complete this application in full. 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.

3. Only copies of qualifications should be attached. If successful in your application, you will be required to provide originals as proof of qualifications relevant to the position. International applications will be required to provide certified copies in English.

4. **Shortlisted applicants being interviewed will need to provide originals of both a Primary Identity document (e.g. Passport) and a Secondary Identity document (e.g. New Zealand Drivers License).** A list of acceptable Primary and Secondary Identity documents can be found in the last sections of the Children's Regulation 2015. Current Teacher's Registration in New Zealand will be required and checked.

5. Failure to complete this application and answer all the questions truthfully may result in any offer of employment being withdrawn or appointment being terminated if any information is later found to be false.

7. This application form and supporting documents will be held by the school. For the successful applicant these documents will be held on their personnel file, otherwise the information will be securely destroyed after 30 days. You may access it in accordance with the provisions of the Privacy Act 2020.

If you have any queries please contact Crystal Prasad (School PA) on employment@alfristoncollege.school.nz

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

PERSONAL INFORMATION

Legal Full Name

Preferred Name

Select One Mr Mrs Ms Miss other

Gender Male Female other

Date Of Birth

Contact Number

Home Address

City

Post Code

Email Address

Do you have a current full, clean New Zealand drivers license? Y N

QUALIFICATIONS

Name on Teacher Registration:

Teacher Registration No:

Expiry Date:

Classification: **FULL** **PROVISIONAL** **SUBJECT TO CONFIRMATION** **LIMITED AUTHOURITY TO TEACH (LAT)**

MOE NUMBER:

PLEASE SPECIFY LAT

If Provisional or Subject to Confirmation, please state reason e.g First / Second Year Teacher, Overseas Trained.

Degrees/Post Graduate	University:	Date Recieved:

Other Qualifications	Provider	Date Recieved:

Please indicate your work status:

- New Zealand Citizen
- New Zealand Permanent Resident
- Australian Citizen or Permanent Resident
- Holder of a valid New Zealand Work Visa

Other (please specify):

If you hold a visa, please provide:

Visa type:

Visa expiry date:

HEALTH

Do you have any known condition that may affect your ability to efficiently carry out the functions and responsibilites of the position applied for? **YES** **NO**

If YES, please provide information:

Have you had any injury or medical condition caused by gradual process, disease or infection, such as occupational overuse syndrome, stress or repetitive strain injury, which the tasks of this job may aggravate or contribute to? **YES** **NO**

If YES, please provide information:

CONVICTIONS AGAINST THE LAW

Have you ever been convicted of any criminal offence? (other than a minor traffic offence) **YES** **NO**

If YES, please list criminal convictions, except in those cases where our asking you to declare them would breach the Criminal Records (Clean Slate) Act 2004.

Are you awaiting sentencing / currently have charges pending? **YES** **NO**

If YES, please specify:

Have you ever recieved Police Diversion for an offence? **YES** **NO**

If YES, please specify:

Have you been the subject of any concerns involving child safety? **YES** **NO**

If YES, please specify:

In addition to other information provided are there any factors that we should know to assess your suitability for appointment and your ability to do the job? **YES** **NO**

If YES, please specify:

The Alfriston College Board reserves the rights to contact auhtorities to verify any claim made.

DECLARING RELEVANT RELATIONSHIPS

Are you related to any Alfriston College employee or Board member? YES NO

If YES, please provide information:

TEACHING EXPERIENCE

Please list your teaching service in the last ten years starting with your current position.
This must be completed. Additional expereince can be listed in your CV.

School Employer **From** **To**

Position Permanent Fixed-Term

Reason for leaving

School Employer **From** **To**

Position Permanent Fixed-Term

Reason for leaving

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For the purposes of compliance with the Privacy Act 2020, do you consent to the school contacting your present/previous employer for the purposes of reference checking? Circle one option.

Yes **No**

Please provide names, email addresses and phone numbers of three (3) referees, one of whom is a current or previous employing Principal.

1

Name

Email Address

Contact Phone Number

Capacity in which you have known this person.

2

Name

Email Address

Contact Phone Number

Capacity in which you have known this person.

3

Name

Email Address

Contact Phone Number

Capacity in which you have known this person.

I authorise the School to contact my nominated referees and, where appropriate, my current and previous employers to obtain verbal or written information relevant to my application. I consent to those persons releasing information, including information provided in confidence, for the purpose of assessing my suitability for employment. I understand that this information will be collected, used, and held in accordance with the Privacy Act 2020 and will only be used for recruitment purposes.

□ I have read and understood the above statement and consent to the School contacting my referees and previous employers.

DECLARATION

I declare that to the best of my knowledge the information provided in this application form and the information provided in the Curriculum Vitae and any accompanying documentation is correct.

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

Applicants Full Name

Signature

Date