TAITA COLLEGE
APPLICATION FOR EMPLOYMENT
TEACHER

Current Date: ____/_____/_____ Position applied for:

Where and when advertised: _____

Teacher Registration Status: (Please circle) Provisional STC Full LAT Other ……

Expiry date: / / MOE Number: _____

Section 1 Personal Information

First Name(s) _____ Family Name: _____
Mr/Mrs/Miss/Ms (please circle preferred title)

Residential address: _____

Email: _____

Phone No._____ Mobile No. _____

3. Date of Birth:___/_____/_____ *(optional)* Marital Status: _____ *(optional)*

Next of kin Information:

First Name(s) _____ Family Name: _____
Mr/Mrs/Miss/Ms (please circle preferred title)

Phone No: _____Mobile Number: _____

Relationship to applicant: _____

Section 2 Employment History

1. Have you previously been employed by a secondary school or other educational provider?
Yes ☐ No ☐

2. Please provide details of employment (both voluntary and paid) up to last 5 positions held:

(a) Employer: _____
Address: _____
Length of service: from_____ to _____
Position held: _____
Nature of work: _____
Reason for leaving: _____

Section 2 Employment History (continued)

(b) Employer: _____

Address: _____

Length of service: from_____ to _____

Position held: _____

Nature of work: _____

Reason for leaving: _____

(c) Employer: _____

Address: _____

Length of service: from_____ to _____

Position held: _____

Nature of work: _____

Reason for leaving: _____

(d) Employer: _____

Address: _____

Length of service: from_____ to _____

Position held: _____

Nature of work: _____

Reason for leaving: _____

(e) Employer: _____

Address: _____

Length of service: from_____ to _____

Position held: _____

Nature of work: _____

Reason for leaving: _____

Details of any periods when not in employment, education or training:

From: _____ to: _____

Details: _____

From: _____ to: _____

Details: _____

Section 3 Qualifications

Please provide relevant academic or vocational qualifications.

1. Qualification: _____ Date received: _____ /_____/_____

Awarding body or institution: _____

2. Qualification: _____ Date received: _____ /_____/_____

Awarding body or institution: _____

3. Qualification: _____ Date received: _____ /_____/_____

Awarding body or institution: _____

Section 4 Referees

Please give details of three referees who you authorise us to contact. Two referees should be teaching related and the second may be work or personal.

1. Name: _____

Address: _____

Phone Number: (home) _____ (work) _____

Occupation/Position held: _____

Relationship with candidate: _____

2. Name: _____

Address: _____

Phone Number: (home) _____ (work) _____

Occupation/Position held: _____

Relationship with candidate: _____

3. Name: _____

Address: _____

Phone Number: (home) _____ (work) _____

Occupation/Position held: _____

Relationship with candidate: _____

4. Do you give your consent for any relevant information relating to this position to be obtained from named referees or current/previous employers? □ Yes □ No

5. Have you been convicted of a criminal offence, which is not eligible to be concealed under the Criminal Records (Clean Slate) Act 2004? □ Yes □ No
If “Yes” please attach a statement to this form.

6. Do you give your consent to undertake a Criminal Conviction History Check or Police Vet, using the required forms? □ Yes □ No

7. Do you have any previous employment or professional disciplinary history that could be relevant to child safety? □ Yes □ No

8. Are you a New Zealand citizen? □ Yes □ No

9. If 'no' to question 7, do you have the legal right to work in New Zealand, either through Permanent Residence or a valid work permit? □ Yes □ No
(Evidence will be required if you are called to an interview)

This position is subject to the requirements of the Vulnerable Children's Act 2014. All successful applicants will be safety checked.

Section 5 Health

Please answer all questions

1. Do you have any chronic medical condition that the college needs to know about (eg. diabetes, hearing impairment, heart condition, allergies)?
If 'yes', please provide details of the condition and current treatment/medication.

_____

_____

_____

2. Have you ever suffered from any overuse injuries, eg RSI, OOS (includes tendonitis, carpel tunnel, tennis elbow) back injuries or back strain? □ Yes □ No

3. Are there any health or safety provisions we need to make on your behalf to be a good employer?

_____

_____

_____

Please note that Taita College is a smokefree site at all times and in all circumstances.

Section 6 Additional Information

Please attach any additional information that you consider may assist your application in a statement or a Curriculum Vitae

Section 7 Official Information Act Requirements

Collecting and Holding Personal Information
The information you provide in this application will be held by Taita College.

Purpose
The information is for the purpose of assessing your suitability for employment and the schools obligations to fulfil legislative requirements such as EEO and ACC. If your application is successful it will be retained in your personnel file. If unsuccessful it will be destroyed within one month of appointment of the successful applicant.

Access to this Information
You have a right of access to personal information held about you.

Section 8 Declaration

I, _____(full name) declare that to the best of my knowledge, the answers to the questions in this application are correct. I understand that if any false information is given, or any material fact suppressed, I may not be appointed, or if I am employed, I may be dismissed. I also understand that any false information given in Section 5, Health, may result in my loss of entitlement for any compensation from ACC (or, as applicable, under the Accident Insurance Act).

Signature: _____ Date: _____