Mercury Bay Area School
Application for Employment

Date …… Position applied for ……

Please complete this application personally, then read and sign the declaration on page 6

Personal Details Teacher Registration: …… Exp ……..

First Names …… Surname ……

Preferred Name …….. Mr Mrs Miss Ms (*circle choice)*

Are you known by any other name? Yes No

If yes please provide ……..

Address …… Gender ……

…….. Home phone ……

…….. Mobile ……...

Email Address …… NZ/Aust.Citizen Resident Work Permit

Are you currently in a union? Yes No

Next of Kin / Emergency contact details

Name…… Address ……

Phone …….. ……

Email …….. ……

Relationship to employee ……

How did you find out about this job? ……

Proof of identity and right to work check

Applicants will need to provide originals of two types of identification – one from list A and one from List B

List A	**List B**
NZ Passport	NZ Drivers Licence
NZ Certificate of Identity	18+ Card (must be current)
NZ Refugee Travel Document	Community Services Card
Emergency Travel Document	Super Gold Card
NZ Firearms Licence	Veteran Super Gold Card
Overseas Passport	Inland Revenue Number
NZ Full Birth Certificate issued after 1998	Electoral Roll Records
NZ Citizen Certificate	NZ issued Utility Bill (within the last 3 months)

Immigration information

Are you a New Zealand citizen? Yes No (*circle choice)*

If not, do you have resident status? Yes No

A current work permit? Yes No

Information required under the Vulnerable Children Act 2014

Have you ever received a police diversion for an offence? Yes No (*circle choice)*

If 'Yes', please give details …….

……

Have you ever been convicted of a driving offence which resulted in temporary or permanent loss of licence, or imprisonment? Yes No

If 'Yes', please give details …….

……

Are you awaiting sentencing or have charges pending? Yes No

If 'Yes', please give details …….

……

Have you ever been the subject of any concerns involving student safety? Yes No

If 'Yes', please give details …….

……

In addition to other information provided are there any other factors that we should know to access your suitability and your ability to do the job? Yes No

If 'Yes', please give details …….

……

Education / Qualifications

Secondary School / tertiary Institute Attended Date From Date To

……. …… …….

……. …… …….

Qualifications gained (NCEA, UE, Degree etc)

…….

Any other qualifications?

……..

Can you speak any other languages (other than English?) ……...

Employment History (Present or most recent first)

Date to – from School Role / Position held

……. ……. ……..

Main Duties Reason for leaving No. of hours …….

…… ……..

…… …….

Date to – from School Role / Position held

……. ……. ……..

Main Duties Reason for leaving No. of hours …….

…… ……..

…… …….

Date to – from School Role / Position held

……. ……. ……..

Main Duties Reason for leaving No. of hours …….

…… ……..

…… ……..

Please give details of all other previous employment and take care to explain any gaps between jobs:

Dates Employer Position

…….. …… ……

…….. …… ……

…….. …… ……

…….. …… ……

Do you have secondary employment that you intend to continue with if you are offered this position? Yes No *(circle choice)*

Referees

Please give the names and contact details of at least three referees from previous employment. Include at least one that was less 'senior' to you, one that was more 'senior' to you.

Name Position Phone and email

…… …….. ……..

…… …….. ……..

…… …….. ……..

If your application proceeds and all terms and conditions of employment are agreed on and accepted when could you commence employment? ……

I consent to the school seeking verbal or written information about me from my previous employers and / or referees and authorise the information sought, to be released Yes No

General

Do you have a current Drivers Licence? Yes No Classes …….

What transport arrangements do you have to attend your place of employment?

……..

Are you a member of any territorial force? Yes No

If so, have you completed whole time training? Yes No

What are your interests / hobbies / sports / clubs or community activities?

…….

…….

…….

Medical

Do you smoke Yes No *(circle choice)*

Do you have or have had an injury / illness / condition that may affect your ability to effectively carry out the functions and responsibilities of the position applied for or impact on the school, its students or staff? Yes No

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

If so please give details ……..

…….

Declaration & Authorisation

- I declare that the information supplied by me is given voluntarily and it true, accurate and complete is all respects. I acknowledge that I will not hold the school responsible for any omission or mis-statements that I have made in the information provided.
- I understand that all the information provided by me to you, including my application form, C.V, references and any assessments will be held by the school to be used for the purpose of evaluating my qualification, experience and suitability for employment in the role for which I have applied.
- I understand if I withhold relevant information or supply misleading information about myself, my application may not be further considered. I also understand that my employment may be terminated if, after investigation, my employer discovers any information that I have provided is false or misleading.
- I understand that I am entitled to have access to relevant information retained by the school (except for any exemption provided under the privacy Act, 1993 such as evaluative material) and to request correction of the information and/or request that there be attached to the information a statement relating to the fact I have requested a correction.
- I consent to the school personnel making such enquiries with such organisations including but not limited to inquires with all former employers, Teaching Council and other such bodies or organisation which might hold information relevant to my employment, my ability to manage and any other information that prospective employer deems necessary to obtain.
- I know of no reason why I would not be suitable to work with children/young people

Employee Signature …… Date …….