KAIKOHE INTERMEDIATE SCHOOL

APPLICATION FOR EMPLOYMENT

Position: Fixed Term - Scale A Teacher Position
Start Date: 28 January 2027 to 27 January 2028

Attached is an application for employment that you are required to personally complete.

The application form is a source of information that will be used by the Board to assist it in considering the suitability for the position for which you are applying. Failure to supply the information requested will prejudice the Board's ability to assess your suitability for the position.

Following completion of this appointment, information relating to the successful applicant shall form part of the school's personnel records and will be held at the school premises.

Information relating to unsuccessful applicants will be destroyed upon finalisation of the appointment. The above information is provided in accordance with the Privacy Act 1993.

1. PERSONAL INFORMATION:		
Full Name:		
	(First Name/s)	(Surname)

Address:	
Private Telephone:	
Business Telephone:	
Email:	
Legal Work Status:	
Are you legally entitled to work in New Zealand: **YES** **NO** Where appropriate, please attach evidence of eligibility to work in New Zealand	

2. EDUCATIONAL QUALIFICATIONS:	
Year:	**Qualification Obtained:**

3. TEACHER REGISTRATION INFORMATION:	
Teacher Registration Number:	
Expiry Date:	

4. CURRENT EMPLOYMENT:	
Position:	
Year Appointed:	
School:	
Grade:	
Location:	
For the purpose of compliance with the Privacy Act 1993, do you consent to the school contacting your present employer for the purposes of reference checking? **YES** **NO**	

5. HEALTH:	
Do you have any known condition(s) that may affect your ability to carryout the functions and responsibilities of the position applied for? **YES** **NO**	
If yes, please specify:	

6. CONVICTIONS AGAINST THE LAW
Have you ever been convicted of any criminal offences (other than a minor traffic offence)? **YES** **NO**
If yes, please give details and note that you may be asked to provide a copy of the relevant court records:
Are you currently awaiting the hearing of any charges? **YES** **NO**
The Board of Trustees reserve the right to contact authorities to verify any claim made.

7. REFEREES:	
Please provide names, addresses and phone numbers of three (3) referees who can attest to your work performance.	
REFEREE ONE:	
Name:	
Address:	
Private Telephone:	
Business Telephone:	
Capacity in which you know this person:	
REFEREE TWO:	
Name:	
Address:	
Private Telephone:	
Business Telephone:	
Capacity in which you know this person:	
REFEREE THREE:	
Name:	
Address:	
Private Telephone:	
Business Telephone:	
Capacity in which you know this person:	

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 for which I am applying.

I consent to the school approaching sources other than my nominated referees to seek feedback on my suitability for this position.

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

Signature: _____ Date: _____

8. DECLARATION:

I, _____ (full name) declare that to the best of my knowledge the information provided in this application and in my Curriculum Vitae enclosed is accurate and 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 will be terminated.

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

Signature: _____ Date: _____

APPLICATION DETAILS:	
Applications Close:	Friday 20 November 2026 – 3.00pm
Send Application Form, cover letter, and your CV to:	Attention: F Mokaraka (Principal) Email: nichole@kaikoheint.school.nz