APPLICATION FOR EMPLOYMENT

POSITION DETAILS	
Position Applied For	
Location	
Vacancy/Reference #	

PERSONAL DETAILS	
Title	
Surname	
Given names	
Address	
Mobile phone	
Work phone	
Email	

TEACHER REGISTRATION (if applicable)	
Number	
Classification	
Expiry	

CURRENT EMPLOYMENT	
Organisation	
Year started	
Positions held	

EMPLOYMENT HISTORY

Start date		End date	Employer's name	Position held	Reason for leaving
	to				
	to				
	to				
	to				
	to				

HEALTH

Do you have, or have you ever had, a medical condition caused by an injury, illness, disability or gradual process that the tasks of the vacancy you are applying for may aggravate or contribute to, or that may affect your ability to carry out the work of the vacancy you are applying for?

No		Yes	

DISABILITY

The following is the Recommended International Standard of Disability used by the World Health Organisation (WHO).

"Your activity is limited by a long-term condition or health problem that has lasted six months or more [or is expected to last six months or more]."

Do you consider yourself to be in this category?

No		Yes	

EDUCATION - Qualifications Summary

Qualification	Institution	Year of Graduation or % completed

RECENT PROFESSIONAL DEVELOPMENT AND LEARNING UNDERTAKEN		
Course / Programme	**Provider**	**Dates**

TEACHING EXPERIENCE	
Summarise your experience under the following headings (each section should not exceed 300 words)	
Literacy programmes…	
Mathematics programmes…	
Effective classroom management…	

Give no more than three reasons why you should be considered for this position.

REFEREES

REFEREE 1 (Current/Past Employer)	
Name	
Mobile phone	
Home phone	
Email	
Relationship to you	
Position held and where	

REFEREE 2 (Colleague)	
Name	
Mobile phone	
Work phone	
Email	
Relationship to you	
Position held and where	

REFEREE 3 (Character)	
Name	
Mobile phone	
Work phone	
Email	
Relationship to you	
Position held and where	

PERSONAL INFORMATION AND AUTHORISATION			
Citizenship and permission to work in New Zealand	Y	N	Not applicable
Are you a NZ or Australian citizen?			
If not, do you have a current NZ or Australian permanent residency?			
If not, do you have a current NZ work permit?			
If you have a work permit, please state when it started and when it expires.	From:	To:	

LEGAL CLARIFICATIONS		
The Board of Trustees may seek a police clearance from all short-listed or preferred applicants prior to confirmation of appointment. DO read the Declaration at the end of this form before answering these questions.		
	Yes	**No**
Have you been convicted of any offence against the law – apart from minor traffic convictions or parking offences?		
Do you have any criminal charges pending?		
TEACHING POSITIONS ONLY: Is there any reason why The Education Council of New Zealand might decline to renew your teacher registration when it expires?		
Answer the next questions carefully:		
	Yes	**No**
Are your stated qualifications genuine in every respect?		
Have you ever been the subject of any concerns involving student safety?		

AUTHORISATION		
Do you agree to inquiries being made as to the accuracy of information contained in this application form, curriculum vitae or attached documents or any other matter relating to your suitability for employment? (This does not mean that we will make inquiries of any, or all of these people or organisations).		
	Yes	**No**
Current employer?		
Past employers?		
Other referees?		
TEACHING POSITIONS ONLY: The Education Council of New Zealand?		
Police?		

Signed:	Date:

DECLARATION	
I certify that the information provided in this application is correct and no relevant material/information has been omitted. I understand that this information will be used for the purposes of processing this application and understand that any incorrect or misleading information or important information that has been omitted during the appointment process (including interviews) may disqualify me from consideration, or if appointed, make me liable for dismissal.	
FULL NAME:	
SIGNED:	
DATE SIGNED:	