Otago University Childcare Association

APPLICATION FOR EMPLOYMENT

CONFIDENTIAL

To be completed personally by Applicant

Note: The completion of this form does not indicate that there is any obligation on Otago University Childcare Association (OUCA) to engage the applicant.

PURPOSE

The information collected is for the purpose of assessing suitability for employment with our organisation, which may include subsequent changes in employment with OUCA.

Please Print

DATE OF APPLICATION: _____

POSITION APPLIED FOR: _____

YOUR NAME (IN BLOCK LETTERS)

Surname_____

First Names (underline name used)_____

CONTACT DETAILS

Address _____

_____

Home Phone No. _____

Email (please print clearly) _____

Have you ever worked for OUCA before? YES/NO

If yes, where and when _____

Do you have a spouse, partner, relative or household member working here or elsewhere in early childhood? YES/NO

If your answer is yes please supply details_____

Are you legally entitled to work in New Zealand YES/NO

Details of Evidence: passport/visa/permit _____

QUALIFICATIONS

_____

_____

_____

Teacher Registration Number (if applicable) _____

ABILITY TO DO JOB APPLIED FOR

What employment experience have you had relevant to this job position?

_____

Do you have the ability to do the job for which you have applied? YES/NO

What particular ability, skill or knowledge relates most to this job position?

_____

_____

_____

EXISTING CONDITIONS

Do you have any condition which may affect how you do the job you have applied for? If the answer is yes, please give details below: YES/NO

_____

MEDICAL - INJURY

Have you had an injury or medical condition caused by gradual process, disease, or infection arising out of work that may be aggravated or further contributed to by the tasks of this position? YES/NO/SPECIFY

_____

State any injury or illness you have suffered that may affect your ability to effectively carry out the functions and responsibilities of the position applied for?

_____

_____

CRIMINAL HISTORY

If you are a not a registered teacher you will be required to be Police Vetted prior to employment commencing,

Have you ever been convicted of any civil or criminal offence, or are you currently awaiting trial on any criminal or civil matter? YES/NO

If yes, details please_____

PREVIOUS EMPLOYMENT - REFEREES

Give name, place of work and position they hold, email and telephone numbers of at least two referees (cannot be family members).

Name

Place of work/Position

Email

Phone

Name

Place of work/Position

Email

Phone

I Consent to OUCA seeking verbal or written information about me from representatives of my previous employers and referees and authorise the information sought to be released. YES/NO

Signature_____ Date

GENERAL

Do you consent to OUCA retaining the information contained in this application form? YES/NO

If your application is accepted when could you commence employment? _____

DECLARATION

I _____ (full name) declare that to the best of my knowledge the answers in this application are correct and I understand that if any false or deliberately misleading information is given, or any material fact suppressed, I may not be considered for employment, or if I am employed, my employment may be terminated. I also understand that any relevant false information given may result in my loss of entitlement for any compensation from ACC or any other injury insurer.

I further accept that if I am successful in this application, that the information contained herein and any other information gathered in the course of my employment will be available to management.

***In addition, I hereby authorise the employer to view my ACC file and any other material relating to any injuries for which I have claimed compensation wherever that information may be held.**

Signed:_____

Full Name (Please print)_____

Date _____

* *Applicants must ensure they clearly understand and accept this aspect of the Declaration i.e. the authority to view information relating to injuries whether work related or not, whether held by ACC* ***or*** *some other insurer* ***or*** *medical practitioner* ***or*** *wherever else that information is held.*