A. Appointment Procedures

Application for Employment

(To be completed personally by applicant)

Position Applied for	Location	Vacancy/Reference Number

Tick One

Mr ☐ **Mrs** ☐ **Ms** ☐ **Miss** ☐

Or other preferred title: _____

YOUR NAME

Surname Name/Family Name

First/Given Names (underline name used)_____

Are you known by any other name(s)? Yes/No

If so please give details_____

ADDRESSES

Full Postal Address: _____

_____

Email: _____

CONTACT TELEPHONE NUMBERS:

Personal _____

Mobile Number _____

LEGAL WORK	Are you a New Zealand citizen?	Yes/No
STATUS	If not, do you have residence status, or?	Yes/No
	A current work permit	Yes/No

Have you had any criminal convictions? Yes/No

If yes, please detail: _____

(A board may not employ or engage a children's worker who has been convicted of an offence specified in Schedule 2 of the Vulnerable Children Act 2014. The Clean Slate Act does not apply to schedule 2 offences)

Have you ever received a police diversion for an offence? Yes/No

If yes, please detail: _____

Have you ever been discharged without conviction for an offence? Yes/No

If yes, please detail: _____

Are you awaiting the hearing of charges in a civil or criminal court of law? Yes/No

If yes, please detail: _____

Do you have a current New Zealand drivers licence? Yes/No

If yes, what class? _____

Drivers Licence No: _____

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 detail: _____

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

If yes, please detail: _____

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

If yes, please detail:_____

For teaching/principal positions:

Do you hold a current practising certificate from the Education Council of Aotearoa New Zealand? Yes/No

EDUCATIONAL QUALIFICATIONS

	Name	Location	Number of Years	Highest Qualification Gained
Secondary School				
University				
Professional				
Other				

QUALIFICATIONS Do you have any other qualifications/certificates/licences/or attended any courses (give details)?

_____

_____

EMPLOYMENT HISTORY

Present or Most Recent Employer

Employers Name _____

Address _____

Position Held _____

Main Duties _____

Hours worked p/wk _____

Length of Service _____

Reason for Leaving _____

For the purposes of compliance with the Privacy Act 1993 do you consent to the Organisation contacting your present employer for the purposes of reference checking?

Yes/No

Next Most Recent Employer

Employers Name _____

Address _____

Job Held _____

Main Duties _____

Hours worked p/wk _____

Length of Service _____

Reason for Leaving _____

Next Most Recent Employer

Employers Name _____

Address _____

Job Held _____

Main Duties _____

Hours worked p/wk _____

Length of Service _____

Reason for Leaving _____

Next Most Recent Employer

Employers Name _____

Address _____

Job Held _____

Main Duties _____

Hours worked p/wk _____

Length of Service _____

Reason for Leaving _____

Give details of any other job which may be relevant _____

_____

Have you ever worked for this School before? Yes/No

If yes, where and when _____

Do you have secondary employment? Yes/No

If yes, please detail _____

REFEREES

Give name, address and telephone numbers of at least two referees.

(Preferably from where you have worked and direct-reported to):

Name: _____

Position: _____

Organisation: _____

_____

Phone No: _____

Email: _____

Name: _____

Position: _____

Organisation: _____

_____

Phone No: _____

Email: _____

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

_____

I consent to Northland College 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 by them to the organisation for the purposes of ascertaining my suitability for the position I am applying for.

Yes/No

If yes please sign:_____ Date:_____

MEDICAL

Have you had an injury or medical condition caused by gradual process, disease or infection for example hearing loss, sensitivity to chemicals, repetitive strain injuries that may be aggravated or further contributed to by the tasks of this job.

Yes/No

If yes, please detail _____

_____

Are you aware of any known condition, serious injury or illness that may affect your ability to effectively carry out the functions and responsibilities of the position applied for?

Yes/No

If yes, please detail _____

_____

Do you agree to undergo a medical examination if required? Yes/No

Do you consent to the organisation retaining the information contained in this application form for the purposes of considering your suitability for any other position that may arise with this organisation in the future?

Yes/No

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 will not be accepted, 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 loss of entitlement for any compensation from ACC.

Signed: _____ Date: _____

NOTE: *The completion of this form does not indicate that there is any obligation on the organisation to engage the applicant.*