Application for employment at Wondernuats - CONFIDENTIAL

To be completed personally by the Applicant

Note: The completion of this form does not indicate that there is any obligation on the part of the Wondernauts to engage the applicant.
The information requested herein is required by Wondernauts to assist in considering your suitability for employment with Wondernauts.

Position applied for: _____

Date of Application: _____

Given Names: _____ Family Name: _____

Contact Address: _____

Home Phone No: _____ Mobile Phone: _____

Email: _____ Date of Birth: _____

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

Do you consent to Wondernauts retaining the information contained in this application form for the purposes of considering your suitability for any other position which may arise with Wondernauts in the future? Yes/No

Are you legally entitled to work in New Zealand? Yes/No
As: A New Zealand citizen Yes/No
A permanent resident Yes/No
A holder of a current work visa Yes/No

Qualifications:
Provide full details of the qualifications you hold that are relevant to the position applied for.

Qualification	Year completed	Training provider	Location

Are you currently undertaking study/training? Yes / No

If yes please provide details: _____

Teacher Certification:

Do you have NZ teacher certification? Yes/No
If yes, please provide your registration number: _____

What transport arrangement do you have to attend Wondernauts?

_____

Languages:

What languages can you hold everyday conversations in? _____
Please provide details: _____

Employment History
Please ensure the employment/occupation history is continuous and complete in every respect. A minimum of 5 years of employment history is required.

Start date	Finish date	Employer	Location	Position held	Reason for leaving

Referees
Give names and contact details of at least two referees (one of which must be someone who you were directly responsible to in your employment.

Name	Position	Employer/company	Phone number

I, _____ consent to Wondernauts seeking verbal or written information on a confidential basis about me from representatives of my previous employers, training providers and/or referees and authorise the information sought to be released by them to Wondernauts for the purposes of ascertaining my suitability for the position for which I am applying. I understand the information received by Wondernauts is supplied in confidence as evaluative material and will not be disclosed to me.

Signature: _____ Date: _____

Have you ever been convicted of a criminal offence or do you know of any reason why the police might consider you a risk to children or as an employee? Yes/No

Have you been the subject of a Diversion ordered by the Courts? Yes/No

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

Do you have a current drivers licence? Yes/No
If yes, what class? _____ Licence number: _____

Do you have a spouse, partner, relative or household-member working here or elsewhere in the ECE sector? Yes/No

Do you have secondary employment Yes/No
If yes, please detail: _____

Has any previous employer taken disciplinary action against you? Yes/No
Please give details here: _____

_____

Health

Have you ever been treated or hospitalised for a mental illness or injury or condition that would have affected your ability to carry out fully the functions and responsibilities of the position applied for?

Yes/No

Have you had any condition, problems, injury, illness, disability or condition that would have affected your ability in the past or may affect your ability to carry out fully the functions and responsibilities of the position applied for? Yes/No

Are you on any medication or under medical treatment or regularly ingest any substances that may affect your ability to carry out fully the functions & responsibilities of the position applied for?

Yes/No

Have you ever suffered from a back injury? Yes/No

Have you ever suffered from any injury requiring time off work? Yes/No

Have you ever claimed accident compensation? Yes/No

Are you suffering from any infectious disease or have any condition which is capable of being passed on to children and is likely to have a detrimental effect if passed on to them? Yes/No

If you answered yes to any of the above questions in this Health section please provide full details here:

_____

_____

_____

_____

Do you smoke or vape? Yes/No

Do you have any physical or other conditions that would make it difficult for you to:

Be on your feet for several hours? Yes/No

Pick up equipment from the floor? Yes/No

Declaration

I, _____ (full name) declare that to the best of my knowledge the information provided in this application and in my cover letter and any resume/CV I have provided 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 health or medical history or condition may result in my loss of entitlement for any ACC insurance and/or compensation.

Signed: _____ Date: _____