Application for Appointment
GORGE ROAD SCHOOL

POSITION(S) APPLIED FOR –	TICK
Scale A Teacher	
I wish to be considered for any other position(s) that may become available following an appointment being made for the above position.	

Mrs ☐ Mr ☐ Ms ☐ Miss ☐ Other Title Please state: ☐

FIRST NAMES (IN FULL)	SURNAME/FAMILY NAME(S)

POSTAL ADDRESS
BEST CONTACT TELEPHONE NUMBER:
EMAIL ADDRESS:
TEACHER REGISTRATION NUMBER:

PLEASE TICK THE APPROPRIATE BOXES:

Are you a New Zealand citizen?	Yes □	No □
If not, do you have resident status, or	Yes □	No □
A current work permit?	Yes □	No □

Have you had an injury or medical condition, disease or infection, such as occupational overuse syndrome, stress or repetitive strain injuries, which this job may aggravate or contribute to?
Yes □ No □ If "Yes", please give details:

Are there any other factors that we should know regarding your suitability for appointment and ability to do the job?
Yes □ No □ If "Yes", please elaborate:

EQUAL EMPLOYMENT OPPORTUNITIES

Please tick the appropriate box(es): (optional)

Male		Female		Other		Prefer not to say:	
Maori		NZE		Other		Prefer not to say:	

Educational Qualifications

State your highest/ most relevant tertiary level qualification/s and the year achieved:

Please state any other qualifications that relate to the position:

Employment History

Outline most recent employment history, beginning with current or latest employment

Period Worked	Employer's Name	Position Held

Referees

Provide the names of three people who could act as referees for you. At least one of these should be able to attest to your work performance.

Name	Address	Telephone	Relationship (e.g. employer/principal)

Authority to approach other referees:
I authorise the Board, or their representative, to approach persons other than the referees named above, to gather information related to my suitability for appointment to the position.
Yes □ **No** □

I certify that the information I have supplied is true and correct. I understand that if I have supplied incorrect or misleading information, or have omitted any important information I may be disqualified from appointment, or if appointed, may be liable to be dismissed. I confirm in terms of the Privacy Act 1993 that I have authorised access to referees.

Signature _____ **Date** _____