NAENAE COLLEGE

APPLICATION FOR EMPLOYMENT – 2027

Position applied for:				Date:	
Where and when advertised:					
Teacher registration number:				**Expiry:**	
Teacher Registration Type:	**Full**	**Provisional**	**STC**	**LAT**	**Pending**
MOE number:					

Section 1: PERSONAL INFORMATION			
First name(s):		**Family name:**	
Mr/Mrs/Miss/Ms/Dr			
Residential address:			
Email:		**Date of Birth:**	
Mobile No.		**MOE No.**	

Section 2: EMPLOYMENT HISTORY		
Have you previously been employed by a secondary school or other educational provider? **YES / NO**		
Please attach cv outlining employment details		
Section 3: QUALIFICATIONS Please provide relevant academic or vocational qualifications		
Qualification		Date:
Qualification		Date:
Qualification		Date:
Qualification		Date:
Section 4: REFEREES Please provide at least three employment references. One should be your current or most recent Principal.		
1. Name		Phone:
Organisation		Email:
2. Name		Phone:
Organisation		Email:
3. Name		Phone:
Organisation		Email:

Do you give your consent for any relevant information relating to this position to be obtained from the named referees current/previous employers?	
YES	NO
Have you ever been convicted of any offence against the law (apart from traffic convictions) or otherwise know of any reason why you should not be employed to work in the school?	
YES	NO
Are you a New Zealand citizen?	
YES	NO
If you answered NO, do you have the legal right to work in New Zealand (Permanent Resident or valid work visa)?	
YES	NO

☐ **I give Naenae College permission to make enquiries as they see fit in relation to my application and to seek information about my employment and personal background from nominated referees. I understand that this information will be treated in complete confidence, and only used for staff selection purposes.**

Section 5: HEALTH

Do you have any health issues that could impact your work?	
YES	NO
If Yes, please provide details:	

Please check:

1. Please attach your Curriculum Vitae and introductory letter.
2. Please fully complete this form personally. Read it through first then answer all questions and make sure you sign and date where indicated.
3. Failure to complete this application and answer all questions truthfully may result in any offer of employment being withdrawn, or appointment being terminated if any information is later found to be false.

Section 6: DECLARATION

I,_____(full name) declare that to the best of my knowledge and belief the information given in this application is true and correct.

Signature:_____ **Date:** _____