

Application for appointment

Important notes for applicants

Thank you for applying for a position with our school.

- 1. Please fully complete this form personally. Read it through first then answer all questions and make sure you sign and date where indicated on the last page.
- 2. Attach a curriculum vitae (CV) containing any additional information. If you include written references, please note that we may contact the writers of the references.
- 3. Copies of qualification certificates are not required. If successful in your application you will be required to provide originals as proof of qualifications.
- 4. Failure to complete this application and answer all questions truthfully many result in any offer of employment being withdrawn or appointment being terminated if any information is later found to be false.
- 5. All applicants will be asked to give consent to a police vet. It is a requirement in the Education Sector for all employees to be vetted. For teaching positions this requirement is covered in the registration process.

This application form and supporting documents will be held by the school. You may access it in accordance with the provisions of the Privacy Act 1993. If you have any queries, please contact the person cited in the advertisement.



Position app	olied for:					
Tick one:						
Mr 🔿	Mrs 🔿	Ms 🔾	Miss 🔿) Other pre	eferred title:	
Surname/Fa	mily name:	First na	ames (in full)	:		
Are you kno	wn by any oth	er name(s)?	(If yes, pleas	e provide belo	w.) Yes 🔵	No 🔿
Maiden nan	ne (if applicabl	e).				
Full postal a	address:					
Email address:						
Covid 19 Vaccination Status(tick if applicable): Fully vaccinated First doze None						
First doze date: type:				Second doze date: type:		
Contact tele	phone numbe	ers:				
Private:	-	Mobi	le:		Business:	
Teacher reg	istration:				l	
Number:		Statu	s:		Expiry:	

Please tick as appropriate:

Proof of identity and right to work check. Shortlisted candidates being interviewed will need to provide two types of ic passport, New Zealand driver licence and the other a record ID, eg, birth cert		
Immigration information. 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 ever received a police diversion for an offence? If 'yes' please detail:	Yes ()	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:		
Are you awaiting sentencing/currently have charges pending? If "Yes" please state the nature of the conviction/cases pending:	Yes 🔿	No 🔿
In addition to other information provided are there any other factors that we should know to assess your suitability for appointment and ability to do the job? If "Yes" please elaborate:	Yes ()	No 🔿
Have you ever been the subject of any concerns involving student safety?	Yes 🔿	No 🔿
Have you had any injury or medical condition caused by gradual process disease or infection, such as occupational overuse syndrome, stress or repetitive strain injuries, which the tasks of this job may aggravate or contribute to? If "Yes", please detail:	Yes ()	No 🔿
Do you have a current NZ driver licence?	Yes O	
Do you have a current NZ driver licence?	Yes 🔿	No 🔿





Educational qualifications

	NAME	LOCATION	HIGHEST QUALIFICATION GAINED
Secondary school			
Private training establishment			
Polytechnic			
University			
Other			

Employment history

Please list your work experience in your last five positions beginning with your most recent position held. If you were self-employed give details. If you have had more than five positions in the last five years please list them - attach additional sheets if necessary.

PERIOD WORKED (please specify the length of service)	EMPLOYER'S NAME	POSITION HELD	REASON FOR LEAVING



No

REFEREES

Please provide the names of three people who could act as referees for you. At least one of these people should be able to attest to your most recent work performance. *If you have included written references from people other than those recorded below, please note that we may contact the writers of these references.*

NAME	CONTACT DETAILS (ORGANISATION AND	PHONE (LANDLINE PREFERRED)	RELATIONSHIP (eg EMPLOYER/PRINCIPAL

Authority to approach other referees

I authorise the Board, or nominated representative, to approach persons or the Teachers Council, other than the referees whose names I have supplied, to gather information related to my suitability for appointment to the position.	Yes	No

I authorise the Board, or nominated representative, permission to access any information held by the Teachers Council, including matters under investigation, to gather information related to my suitability for appointment to the position.

Signature:

Date:

Yes

