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| **APPLICATION FOR EMPLOYMENT** | |
| Position Applied For: |  |
| Date of Application: |  |
| Surname: |  |
| First Name(s): |  |
| Previous Names (if any): |  |
| Full Postal Address: |  |
| Email Address: |  |
| Home Phone: |  |
| Mobile Phone: |  |
| **IMPORTANT NOTES FOR APPLICANTS** | |
| *Thank you for applying for a position with our Company.*   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. Note that the completion of this form does not indicate that there is any obligation on the part of the Company to engage the applicant. The information requested herein is required by the Company to assist in considering your suitability for employment with the Company. 3. Attach a covering letter that includes a brief description of why you want this position and why you feel you would be the best candidate. 4. Attach a curriculum vitae (CV) containing any additional information. If you include written references, please provide current contact details for the writers and note that we may contact them. 5. Only copies of qualification certificates should be attached, rather than original documents. If you are successful in your application, note that you will be required to provide originals. 6. If you are selected for an interview, you may bring whanau/support people at your own expense. Please advise if this is your intention. 7. Failure to complete this application and answer all questions truthfully may result in any offer of employment being withdrawn or your employment being terminated if any information you provide is later found to be incorrect or misleading. 8. Shortlisted applicants for non-teaching positions will be asked to give consent to a police vet. Qualified teaching staff will have been vetted through the registration process. It is a requirement in the Education Act 1989 for all employees to be police vetted. 9. In terms of Criminal Convictions, the Criminal Records (Clean Slate) Act 2004 provides certain convictions do not have to be disclosed if:  * You have not been convicted of any offence within 7 (consecutive) years of your last conviction; **and** * You have never been sentenced to imprisonment, home detention or any other custodial sentence (including corrective training and borstal); **and** * You have never been convicted of a specified offence (specified offences are set out in the Clean Slate Act and are sexual in nature); **and** * You have never been ordered by a Court following a criminal case to be detained in hospital due to your mental condition, instead of being sentenced; **and** * You have never been indefinitely disqualified from driving for repeat drink driving offences; **and** * You have paid any fines, reparation, or costs ordered by the Court in a criminal case.   Please note that even if you are not obliged to disclose convictions (i.e. all of the above apply to you), you can do so if you wish. If you are uncertain as to whether you are eligible or not, you should seek advice from the Ministry of Justice.   1. This application form and supporting documents will be held by the Company. You may access these documents in accordance with the provisions of the Privacy Act 1993. 2. If you have any queries, please contact the person cited in the advertisement. | |

If your application is successful when could you commence employment?

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

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| **EDUCATIONAL QUALIFICATIONS** | | | | | | | | | | | | | | | | | | | | |
| Provide full details of the qualifications you hold that are relevant to the position applied for: | | | | | | | | | | | | | | | | | | | | |
| **Qualification** | | **Year Completed** | | | | | | | **Training Provider** | | | | | **Location** | | | | | | |
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| **TEACHER REGISTRATION/ OTHER QUALIFICATIONS** | | | | | | | | | | | | | | | | | | | | |
| **Do you have NZ Teacher Registration?** YES / NO | | | | | | | | | | | | | | | | | | | | |
| Registration Status: | | | | Practicing Certificate Number: | | | | | | | | Expiry Date: | | | | | | | | |
| **Do you have a current First Aid Certificate?**  YES / NO | | | | | | | Provider: | | | | | Expiry Date: | | | | | | | | |
| **Do you have a current Driver’s License?**  YES / NO | | | | | | | Class: | | | | | Expiry Date: | | | | | | | | |
| **EMPLOYMENT HISTORY** | | | | | | | | | | | | | | | | | | | |
| Please outline your most recent employment history, beginning with your current or latest job, and including at least the last five positions. Please explain any periods when you were not in employment, education or training. | | | | | | | | | | | | | | | | | | | |
| **Period Worked** | **Employer** | | | | | **Location** | | | | | **Position Held** | | **Reason for Leaving** | | | | | | |
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| **REFEREES** | | | | | | | | | | | | | | | | | | | | |
| Please 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 in your current or most recent role. If you have included written references from people other than those recorded below, please note that we may contact the writers of these references. We will advise you before contacting your referees. | | | | | | | | | | | | | | | | | | | | |
| **Name** | | | **Address** | | | | | | | **Telephone** | | | | | **Relationship** | | | | | |
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| I, consent to the Company 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 the Company for the purposes of ascertaining my suitability for the position for which I am applying. I understand the information received by the Company is supplied in confidence as evaluative material and will not be disclosed to me.  I **do/ do not** consent for my current employer to be contacted.  Signature: Date: | | | | | | | | | | | | | | | | | | | | |
| **HEALTH ISSUES**  ***If necessary you may be required to undergo a pre-employment medical check, the costs of which will be met by the Company.*** | | | | | | | | | | | | | | | | | | | | |
| **Do you have any known health condition of any kind, which may affect your ability to effectively carry out the functions and responsibilities of the position applied for?** | | | | | | | | | | | | | | | | YES | | No | | |
| If yes, please detail: | | | | | | | | | | | | | | | |  | |  | | |
| **Have you suffered any injury or illness that may affect your ability to effectively carry out the physical requirements, functions and responsibilities of the position applied for (eg, a previous back injury, Carpal Tunnel, Tennis Elbow or any other repetitive strain injury)?** | | | | | | | | | | | | | | | | YES | | No | | |
| If yes, please detail: | | | | | | | | | | | | | | | |  | |  | | |
| **Are you on any medication which may affect your performance in the position that you have applied for?** | | | | | | | | | | | | | | | | YES | | No | | |
| If yes, please detail: | | | | | | | | | | | | | | | |  | |  | | |
| **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 requirements of this position may aggravate or contribute to?** | | | | | | | | | | | | | | | | YES | | No | | |
| If yes, please detail: | | | | | | | | | | | | | | | |  | |  | | |
| **Do you smoke?** | | | | | | | | | | | | | | | | YES | | No | | |
| **Do you have any physical or other conditions that would make it difficult for you to:** | | | | | | | | | | | | | | | | | | | | |
| Hear a child cry from 6 metres away? | | | | | Yes | | | No | Sit on the floor without support? | | | | | | | | Yes | | No | |
| Move very quickly? | | | | | Yes | | | No | Be on your feet for several hours? | | | | | | | | Yes | | No | |
| See a child clearly from 6 metres away? | | | | | Yes | | | No | Pick up a child? | | | | | | | | Yes | | No | |
| Pick up toys and equipment from the floor? | | | | | Yes | | | No | Be outside for more than 2 hours at a time? | | | | | | | | Yes | | No | |

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| **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 ever had a criminal conviction?[[1]](#footnote-1)** | YES | No |
| If yes, please detail: |  |  |
| **Have you ever been convicted of a traffic offence which resulted in temporary or permanent loss of license or imprisonment?[[2]](#footnote-2)** | YES | No |
| If yes, please detail: |  |  |
| **Are you awaiting sentencing or currently have charges pending for any offence?** | YES | No |
| If yes, please detail: |  |  |
| **In addition to the information provided above, are there any other factors that we should know to be able to assess your suitability for appointment and ability to do the job or any reason why the police might consider you a risk to children or as an employee?** | YES | No |
| If yes, please detail: |  |  |
| **Have you been involved with any disciplinary action against you by a previous employer?** | YES | No |
| If yes, please detail: |  |  |

I (full name) declare that to the best of my knowledge the information provided in this application and in any CV enclosed is true and correct. I understand that if any false or misleading information is given, or any material fact suppressed, I may be disqualified from appointment, or if appointed, my employment may 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:

1. Refer to notes section. In some circumstances, you will not be required to disclose New Zealand convictions. For more information seek advice from the Ministry of Justice. [↑](#footnote-ref-1)
2. As above [↑](#footnote-ref-2)