

**ST JOSEPH'S CATHOLIC SCHOOL -TAKAPUNA
APPLICATION FOR EMPLOYMENT**

NOTES

- To be completed personally by the applicant.

- The completion of this form does not indicate any obligation on this employer to engage the applicant

- Do you consent under the Privacy Act 1993, to this employer contacting your existing/former employers or referees and retaining this information on file for this employer's exclusive use?

YES / NO

- Do you give permission for this employer to access any information held by the Teachers Council, including being under investigation?

YES / NO

- Please attach any other information to this form which you consider relevant e.g. curriculum vitae, qualifications, certificates etc.

1. POSITION APPLIED FOR

Scale A Permanent Tagged / Untagged – circle/highlight which position

Start Date Term 1 2021

2. APPLICANTS NAME

Surname _____

Specify any other surname known by _____

Given Names _____

3. APPLICANTS ADDRESS

Number and Street _____

Suburb and Town _____

Telephone Numbers _____

Email address _____

4. EMPLOYMENT STATUS

Are you legally entitled to work in New Zealand?

YES / NO

If not a NZ citizen or permanent resident, attach copy of appropriate documents e.g., NZ work permit.

5. EDUCATION

Secondary School attended _____

From _____ To _____

Qualification(s) training gained _____

6. EMPLOYMENT HISTORY

Present or most recent Employer: _____

Address _____

Telephone number _____

Position held by applicant _____

Main duties _____

Dates of employment _____

Reason for leaving _____

Employer contact _____

Next most recent Employer: _____

Address _____

Telephone number _____

Position held by applicant _____

Main duties _____

Dates of employment _____

Reason for leaving _____

Employer contact _____

7. REFEREES (specify three, ideally professional or work-related, referees)

Name _____

Address _____

Telephone _____

Email _____

Nature of your relationship with this referee? _____

Name _____

Address _____

Telephone _____

Email _____

Nature of your relationship with this referee? _____

8. GENERAL

I certify that I am registered as a New Zealand Teacher.

YES / NO

Registration number and expiry date: _____

Have you been convicted of a criminal offence?

YES / NO

Are you awaiting the hearing of charges in a civil or criminal Court of Law?

YES / NO

If yes, please detail:

Have you ever been the subject of any concerns involving student safety?

YES / NO

If so, please attach a signed statement about any reasons why you are not suitable to work with children.

Do you have a current drivers licence?

YES / NO

If yes, what class: Drivers Licence No: _____

Do you have any demerit points or endorsements?

YES / NO

If yes, please detail:

YES / NO

What are your interests/hobbies/sports/clubs or community activities?

9. MEDICAL

Are you allergic to, or have any sensitivity to any substance or chemicals?

YES / NO / SPECIFY

Have you had an injury or medical condition caused by gradual process disease, back injury or infection arising out of work that may be aggravated or further contributed to by the tasks of this position?

YES / NO / SPECIFY

Please state any injury or illness you have suffered that may affect your ability to effectively carry out the functions and responsibilities of the position applied for:

Do you have any other known condition which may affect your ability to effectively carry out the functions and responsibilities of the position applied for?

YES / NO

If you have answered yes to any of the above, please detail below or on an attached sheet.

10. IDENTIFICATION

Please supply 2 recently verified copies of photo identification.

11. DECLARATION

I _____ declare that to the best of my knowledge the answers given in this application are complete and correct, and that the information provided in my curriculum vitae is correct. I understand that if I have supplied any false or deliberately misleading information, or if I have suppressed any material information, I may not be offered the position applied for, or if employed, my employment may be terminated.

Signed: _____

Date: _____