

APPLESEED EDUCARE JOB APPLICATION FORM

Please complete all areas of the application in your own handwriting. Please print clearly. Feel free to attach your curriculum vitae but all sections of this application must be completed.

Personal Details

Mr/Mrs/Miss (Please circle one).....

Last Name.....

First Name.....

Middle Initial.....

Address.....

.....

Phone(wk)..... (hm).....

(mob).....

Email.....

Entitlement to Work

Are you a citizen of New Zealand?.....

..... Yes/No

If no, do you have the right to permanent.....

residence?..... Yes/No

If no, do you have a work permit?..... Yes/No

Can you provide evidence if required?.....

..... Yes/No

Education/Qualifications

In this section, please include school, tertiary or any other qualification you may have from either New Zealand or overseas institutions or organizations. Start with your most recent education/qualification.

Name of School, University/Technical Institute	From	To	Qualification

Work History Start with your most recent employer and include all paid/unpaid work periods

Employer	Position	Main responsibility	Period	Reason for Leaving

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Referees

Please give details of at least two (2) work related referees

Name of the person	Company	Position	Phone Number

I consent to Amazing Kids Ltd t/a AppleSeed Educare requesting verbal or written references from my referees and/or any previous employer and I authorize that the information sought can be released to Amazing Kids Ltd. Further, I consent that if employment is successful and upon signing of an Employment Agreement, my current employer may be contacted.

NAME SIGN DATE

Do you have any secondary employment, which will continue if you are successful in gaining employment with Amazing Kids Ltd? Yes/No

Are you available to work additional hours if requested? Yes/No

Do you hold a current first aid certificate? Yes/No

Do you hold a current driver's licence? Yes/No Licence No.

Have you had or are you due to have any driving conviction (other than parking)? Yes/No

Have you ever been convicted of any criminal offence or serious traffic offence or are you currently awaiting trial on any criminal or civil matter? Yes/No

Medical

To ensure of providing a safe workplace, we need to know whether you have ever suffered any of the following, such that special arrangements would need to be made to ensure your safety in carrying out any of your duties:

A publicly notifiable disease Yes/No

Dermatitis Yes/No

Eczema/Skin infections Yes/No

Back strain injury Yes/No

Epilepsy Yes/No

High/Low blood pressure Yes/No

Diabetes Yes/No

Occupational Overuse Syndrome Yes/No

Sight impairment Yes/No

Allergies – bees and wasps in particular Yes/No

To prevent injury you agree, during working hours, to remove any visible body piercing jewellery that you have or may have in the future Yes/No

Have you claimed accident compensation in the last 12 months or contemplating such a claim? Yes/No

If yes, please explain below

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Has your work ever been affected by stress or mental health problems? Eg. Depression, anxiety? Yes/No

If yes, please explain below

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Please state any serious injury or illness you had or currently have that may affect your ability to effectively carry out the responsibility of the position applied for.

Have you ever suffered from long standing fatigue or tiredness? Yes/No
If yes, please explain below

Has use of alcohol and/or drugs ever affected your work performance? Yes/No
If yes, please explain below

Have you ever had difficulties coping with change or other stressful events in the workplace? Yes/No
If yes, please explain below

Have you ever needed to take more than your sick leave allocation? Yes/No
If yes, please explain below

I _____ (please print full name) certify that the information on this form is correct and if any material information is misrepresented or omitted than I may not be eligible for employment, or if employed I may be liable for summary dismissal. If required, I am prepared to undergo a medical examination paid for by the employer and participate in random drug/alcohol testing program when employed. I agree to undergo a Police criminal check and understand that any Employment offer will be conditional upon obtaining a satisfactory Police clearance. I clearly understand that my employment does not commence until I have signed my Employment Agreement. I understand that if successful with my application, this information forms part of Amazing Kids Ltd personnel records. In accordance with the Privacy Act 1993, I understand that I am entitled to access this information upon requested to the Center Director and that if my application is unsuccessful all information obtained will be destroyed.

NAME _____ SIGN _____ DATE _____