

APPLICATION FOR APPOINTMENT

Position applied for		
Surname		
First name(s)		
Full postal address		
Contact phone numbers	Private:	Work:

IMPORTANT NOTES FOR APPLICANTS

Thank you for applying for a position with our school. Please ensure you have a copy of the job description and person specifications before completing this application.

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 these references.
3. Copies only of qualification certificates should be attached. If successful in your application you will be required to provide originals as proof of qualifications.
4. If you are selected for an interview you may bring whanau/support people at your own expense. Please advise if this is your intention.
5. Failure to complete this application and answer all questions truthfully may result in any offer of employment being withdrawn or appointment being terminated if any information is later found to be false.
6. Shortlisted applicants will be asked to give consent to a police vet.
7. 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.

Educational Qualifications:

Please state your tertiary level qualification/s:

Please state any other qualifications that relate to the position:

Employment History

Please outline your most recent employment history, beginning with current or latest employment.

Period Worked	Employer's Name	Position Held	Reason for Leaving

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. 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	Address	Telephone	Relationship (e.g. employer/principal)

Do you agree to these referees being asked to nominate other persons who might assist in assessing your application? If Yes, please note that we may contact these persons.

Yes

No

Skills and experience related to the position

The position you have applied for requires specific knowledge, skills, attributes and personal characteristics. These are stated in the person specification section of the job description. Please outline below how you meet these attributes and abilities. Even though you are attaching a C.V, please fill this out in full. The contact person cited in advertisement can assist with any questions you might have.

Please tick the appropriate boxes:

Are you a New Zealand citizen?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If not, do you have resident status, or	Yes <input type="checkbox"/>	No <input type="checkbox"/>
A current work permit?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever had a criminal conviction?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If "Yes" please detail:		
Have you ever received a police diversion for an offence?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If "Yes" please detail:		
Have you been convicted of a driving offence which resulted in temporary or permanent loss of licence, or imprisonment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If "Yes" please detail:		
Are you awaiting sentencing/currently have charges pending?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If "Yes" please state the nature of the conviction/cases pending:		
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?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If "Yes", please elaborate:		
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?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If "Yes", please detail:		
Do you have a current driver's licence?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

I certify that the information I have supplied in this application is true and correct. I understand that if I have supplied incorrect or misleading information, or have omitted any important information, I may be disqualified from appointment, or if appointed, may be liable to be dismissed.

Signature _____ Date _____