



TUAKAU COLLEGE
Pai rawa atu i nga mea katoa | The very best in all things

APPLICATION FOR EMPLOYMENT

Position applied for:

PERSONAL DETAILS

Title: Mr Mrs Ms Miss (please tick one)

Surname/Family Name

First Names (in full)

Known by any other name(s)? Yes No

Maiden Name (if applicable):

Full Postal Address and Postcode

Email address

Mobile Phone No.

Home Phone No.

Work Phone No:

TEACHING REGISTRATION (for teaching applications only)

Do you have a current New Zealand Teaching Registration: Yes No

**If yes, please go to the next box*

If not, have you applied for one? Yes No and what date did you apply:

What is the current status of your application?

If you do have a current New Zealand what is your:

Teaching Council # _____

Status: _____

Expiry Date: _____

PROOF OF IDENTITY AND RIGHT TO WORK CHECK

Shortlisted applicants being interviewed will need to provide originals of two types of identification:

- (1) One photo ID e.g. passport or New Zealand Driver Licence, *and*
- (2) A record ID e.g. birth certificate, bank statement or a bill.

Immigration Information

Are you a New Zealand citizen: Yes No

If not, do you have resident status: Yes No or a current work permit: Yes No

Have you ever had a criminal conviction? Yes No

(Convictions that fall under the Clean Slate scheme do not have to be disclosed.)

If "Yes" please give details:

Have you ever received a police diversion for an offence? Yes No

If "Yes" please give details:

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 give details:

Are you awaiting sentencing or have charges pending? Yes No

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 about to assess your suitability for appointment and your ability to do the job? Yes No

If "Yes" please elaborate:

Have you ever been the subject of any concerns involving student safety? Yes No

If "Yes" please give details:

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 position may aggravate or contribute to?

Yes No

If "Yes" please give details:

Do you have a current New Zealand driver's licence? Yes No

EDUCATIONAL QUALIFICATIONS

	Name	Location	No. of years Completed	Highest Qualification Gained
Secondary School				
Private training establishment PTE				
Polytechnic				
University				
Other				

EMPLOYMENT HISTORY

Please list your work experience in your last five positions beginning with most recent. If you were self-employed, give details. If you've had more than five positions in last five years, please list them all (on additional sheet(s) if necessary).

Period worked <i>(please specify length of service)</i>	Employer's Name	Position Held	Reason for Leaving

REFEREES

Please provide the names of three referees, at least one of whom should be able to attest to your most recent work performance. If you have included written references from people other than those below, please note we may contact them.

Name	School/ Organisation & Address	Contact phone numbers	Relationship to applicant

Authority to approach other referees

I authorize the Board, or nominated representative, to approach persons, other than those referees I have supplied, to gather information related to my suitability for appointment to the position.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I authorize the Board, or nominated representative, permission to access any information held by the Education Council of Aotearoa New Zealand (EDUCANZ), or any other educational organisation, including information regarding matters under investigation, to gather information related to my suitability for appointment to the position.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

DECLARATION

I certify that:

1. The information I have supplied in this application is true and correct.
2. I confirm in terms of the Privacy Act 1993 that I have authorized access to referees.
3. I know of no reason why I would not be suitable to work with children/young people.
4. 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.
5. I consent to the personal information that I have provided here being used for compilation of statistical data for the Ministry of Education and the Education Review Office.
6. If I am appointed to the position, I consent to relevant personal data being provided, where required, to the Ministry of Education, the Education Review Office, the Board's salary servicing agency and the Board's auditors.
7. I understand I have the right to see and correct, if necessary, the information I have provided.
8. I understand that without my consent to the above, my application for appointment may not succeed.

Name: _____

Signature: _____ Date: _____

****Please note: If this form is completed electronically, a hard copy (signed) must be provided.***