

**APPLICATION FORM**

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| --- |
| ***CONFIDENTIAL*** |
| **POSITION APPLIED FOR:**  | **Student Exam Assistant (Reader Writer)** |

**SECTION 1 – PERSONAL INFORMATION**

|  |  |
| --- | --- |
| **First name(s):** |  |
| **Family name:** |  |
| **Other names:** |  |
| **Residential Address:** |  |
| **Date of Birth:**  |  |
| **Mobile No:**  |  |
| **Email:**  |  |

**SECTION 2 - EDUCATION**

|  |
| --- |
| Please outline any qualifications you have completed:  |
|  | **Qualification:**  |  |
|  | **Qualification:**  |  |
| If you are currently studying: |
| **Current Tertiary Institute you are attending:** |  |
| **Qualification studying for:** |  |
| **Expected number of years left of Study:** |  |

**SECTION 3 - EMPLOYMENT HISTORY**

**Please list any previous work experience or holiday employment**

|  |  |
| --- | --- |
| Name of Employer: |  |
| Address:  |  |
| Length of Service:  | From: |  | To: |  |
| Position Held:  |  |
| Nature of Work: |  |
| Reason for Leaving: |  |

|  |  |
| --- | --- |
| Name of Employer: |  |
| Address:  |  |
| Length of Service:  | From: |  | To: |  |
| Position Held:  |  |
| Nature of Work: |  |
| Reason for Leaving: |  |

**SECTION 4 - AVAILABILITY**

Please outline your availability to work on each day below:

**A = Available X = Not Available**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Monday** | **Tuesday** | **Wednesday** | **Thursday** | **Friday** |
| **8am-10am** |  |  |  |  |  |
| **10am-12noon** |  |  |  |  |  |
| **12noon-2pm** |  |  |  |  |  |
| **2pm-3.30pm** |  |  |  |  |  |

**REFEREES**

**Please give details of referees that you authorise us to contact.**(The school reserves the right to approach other individual(s) who may have professional knowledge of the applicant for information that will assist the school in making the appointment.)

|  |  |
| --- | --- |
| **Name:**  |  |
| **Employer:**  |  |
| **Address:**  |  |
| **Phone No:** |  |
| **Occupation/Position held:** |  |

|  |  |
| --- | --- |
| **Name:**  |  |
| **Employer:**  |  |
| **Address:**  |  |
| **Phone No:** |  |
| **Occupation/Position held:** |  |

**SECTION 5 – GENERAL**

|  |  |
| --- | --- |
| Do you intend to engage in other paid work whilst employed in this position? | [ ]  Yes [ ]  No |
| Do you have a current drivers licence? | [ ]  Yes [ ]  No |
| Are you awaiting hearing of any charges for driving offences? | [ ]  Yes [ ]  No |
| Have you ever been charged or convicted of a criminal offence? | [ ]  Yes [ ]  No If “Yes” please attach a statement of details to this form. |
| If yes, give brief details: |  |
| Do you have the legal right to work in New Zealand, either permanent residence or valid work permit? (Evidence will be required if you are interviewed for the position.) | [ ]  Yes [ ]  No  |
| Have you ever suffered from any gradual process or overuse injuries e.g. RSI, OOS (which includes tedonitis, carpal tunnel syndrome, tennis elbow/epicondylitis etc  | [ ]  Yes [ ]  No  |
| Do you have any condition which may affect your ability to effectively carry out the functions and responsibilities of the position applied for?  | [ ]  Yes [ ]  No  |
| If the answer to either of the two questions above is ‘Yes’ please provide details of the condition and current treatment/medication. |
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**ADDITIONAL INFORMATION**

**Are there any other aspects of your character, your background or your experience that you would like to outline?**

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**STATEMENT OF PRIVACY:**

In accordance with the provision and regulation of the Privacy Act 1993, I hereby give the Headmaster and the Board of Trustees of the Waikato Anglican College Trust, permission to contact my referees and/or the Principal of the schools in which I have taught and/or any other such person or agency, to gain such information as is required for the Board of Trustees of the Waikato Anglican College Trust to ascertain my suitability for appointment to a position at St Paul’s Collegiate School.

**DECLARATION:**

I declare that to the best of my knowledge, the answers to the questions in this application are correct. I understand that if any false information is given, or any material fact suppressed, I may not be accepted, or if I am employed, I may be dismissed.

|  |  |  |  |
| --- | --- | --- | --- |
| **Full Name** |  | **Date** |  |
| **Signature**  |  | If completing this form electronically, please tick this box to represent your agreement to the above Declarations.  | [ ]   |