

**APPLICATION FOR EMPLOYMENT**

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| ***CONFIDENTIAL*** |
| This form must be completed by the applicant.* Please provide complete information for each question unless otherwise advised, regardless of whether you consider it relevant to the position applied for.

**Collecting and holding personal information*** The information you provide on this application for employment form will be collected and held by **St Paul’s Collegiate School, 77 Hukanui Road, Chartwell, Hamilton 3240.**

**Purpose*** This information is collected for the purpose of assessing your suitability for employment with **St Paul’s Collegiate School** (which may include subsequent changes in employment within the School) and for health insurance purposes.
* If your application is unsuccessful, this form will be destroyed after one month of appointment of the successful applicant.

**Your access to this information**You have a right of access to personal information and to seek any correction you think necessary to ensure accuracy. |

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| **POSITION APPLIED FOR:**  |  |

**SECTION 1 – PERSONAL INFORMATION**

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| First name(s): |  |
| Family name: |  |
| Other names: |  |
| Residential Address: |  |
| Date of Birth:  |  |
| Telephone No:  |  | Email:  |  |  |
| **Teacher Registration Status (for teaching positions only)** |
| Registration Number: |  | Expiry Date:  |  |
| 🞎 Provisional 🞎 Full 🞎 Pending | Please give details: |
| Have you ever had your registration status cancelled or refused |  Yes 🞎 No 🞎 |
| Have you ever been dismissed from a teaching/employment position? |  Yes 🞎 No 🞎 |

**SECTION 2 - EDUCATION**

**(Including University, Further Education etc.)**

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| Highest formal Qualification achieved: |  |
| Name of Education organisation of highest qualification achieved: |  |
| For other qualifications or formal attainments you consider relevant list the issuing authority eg Polytechnic, University or Private Training Establishment with the qualifications/standards of achievement and years of attendance: |
|  | Qualification:  |  |
|  | Qualification:  |  |
|  | Qualification:  |  |

**SECTION 3 - EMPLOYMENT HISTORY**

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| Have you previously been employed by St Paul’s Collegiate School, another school or similar institution?  | Yes 🞎 No 🞎 |
| Please provide details of two previous most recent employment positions **(Start with your most recent/current position)** |
| Name of Employer: |  |
| Address:  |  |
| Length of Service:  | From: |  | To: |  |
| Position Held:  |  |
| Nature of Work: |  |
| Reason for Leaving: |  |

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

**REFEREES**

**Please give details of referees that you authorise us to contact, preferably two work related referees.** (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.)

**Work Related Referees:**

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

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

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

**SECTION 4 – GENERAL**

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| Do you agree to inquiries being made of the following persons as to the accuracy of information contained in this application form or associated application documents, or any other matter relating to your suitability for employment? |
| Present Employer  | Yes 🞎 No 🞎  | Past Employer(s)  | Yes 🞎 No 🞎 |
| 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 🞎 |
| If yes, what class(es):  |  | Licence 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. |
| Do you have or are you aware of any likely commitments which may prevent you from attending your place of employment during working hours (eg sports, hobbies, special interest, education, training)? | Yes 🞎 No 🞎 |
| If yes, give brief details: |  |
| Are you a member of a territorial force unit or volunteer fire brigade? | Yes 🞎 No 🞎 |
| If your application is accepted, when could you commence employment? |  |
| 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 🞎 |
|  How did you become aware of this vacancy?  |
| 🞏 Waikato Times 🞏 Seek 🞏 St Paul’s Collegiate Website 🞏 Education Gazette 🞏 Other: |

**SECTION 5 - HEALTH (All questions must be completed)**

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| Do you smoke? *NOTE: ST PAUL’S COLLEGIATE SCHOOL IS A 100% SMOKE FREE SITE (both indoors and outdoors)* | 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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| Are you allergic to, or have sensitivity to, any substances or chemicals?  | Yes 🞎 No 🞎 |
| Have you every suffered any back injury or strain?  | Yes 🞎 No 🞎 |
| How many days absence in your last 12 months of employment were due to sickness, injury and/or accident? |
| 0-2 3-5 6-10 11-15 16-20 Over 20 days |

**SECTION 6 - ADDITIONAL INFORMATION**

Do you have any additional information that you consider may assist your application. For example, achievements, interests, aspirations, etc. If so, please list below or attach (via CV) any additional information to this application form.

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**SECTION 7 - 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.

**SECTION 8 - 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. I also understand that any false information given in Section 5, the health portion of this form, may result in my loss of entitlement for any compensation from ACC (or, as applicable, under the Accident Insurance Act). I accept the Statement of Privacy as stated in Section 7 (above).

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