Position applied for: Click or tap here to enter text. Date: Click or tap to enter a date.

Where and when advertised: Click or tap here to enter text.

#### Section 1 Personal Information

1. First Name(s): Click or tap here to enter text. Family Name: Click or tap here to enter text.

Title: Choose an item.

2. Residential address: Click or tap here to enter text.

Email: Click or tap here to enter text.

Phone No. Click or tap here to enter text. Mobile No. Click or tap here to enter text.

3. Date of Birth: Click or tap to enter a date.

###### Section 2 Employment History

1. Have you previously been employed by a secondary school or other educational provider.

Yes:  No:

2. Please provide details of employment (both voluntary and paid) up to last 4 positions held:

(a) Employer: Click or tap here to enter text.

Address: Click or tap here to enter text.

Length of service: from Click or tap here to enter text. to Click or tap here to enter text.

Position held: Click or tap here to enter text.

Reason for leaving: Click or tap here to enter text.

(b) Employer: Click or tap here to enter text.

Address: Click or tap here to enter text.

Length of service: from Click or tap here to enter text. to Click or tap here to enter text.

Position held: Click or tap here to enter text.

Reason for leaving: Click or tap here to enter text.

(c) Employer: Click or tap here to enter text.

Address: Click or tap here to enter text.

Length of service: from Click or tap here to enter text. to Click or tap here to enter text.

Position held: Click or tap here to enter text.

Reason for leaving: Click or tap here to enter text.

(d) Employer: Click or tap here to enter text.

Address: Click or tap here to enter text.

Length of service: from Click or tap here to enter text. to Click or tap here to enter text.

Position held: Click or tap here to enter text.

Reason for leaving: Click or tap here to enter text.

Details of any periods when not in employment, education or training:

From: Click or tap here to enter text. To: Click or tap here to enter text.

Details: Click or tap here to enter text.

###### Section 3 Qualifications

Please provide relevant academic or vocational qualifications.

1. Qualification: Click or tap here to enter text. Date received: Click or tap to enter a date.

Awarding body or institution: Click or tap here to enter text.

2. Qualification: Click or tap here to enter text. Date received: Click or tap to enter a date.

Awarding body or institution: Click or tap here to enter text.

**Section 4 Referees**

Please give details of two referees who you authorise us to contact. One referee should be work related and the second may be personal.

1. Name: Click or tap here to enter text.

Address: Click or tap here to enter text.

Phone Number: (home) Click or tap here to enter text.(work) Click or tap here to enter text.

Occupation/Position held: Click or tap here to enter text.

Relationship with candidate: Click or tap here to enter text.

2. Name: Click or tap here to enter text.

Address: Click or tap here to enter text.

Phone Number: (home) Click or tap here to enter text.(work) Click or tap here to enter text.

Occupation/Position held: Click or tap here to enter text.

Relationship with candidate: Click or tap here to enter text.

3. Do you give your consent for any relevant information relating to this position to be obtained from named referees or current /previous employers

Yes:  No:

4. Have you been convicted of a criminal offence, which is not eligible to be concealed under the Criminal Records (Clean Slate) Act 2004?

Yes:  No:

If “yes” please attach a statement of details to this form.

5. Do you give your consent to undertake a Criminal Conviction History Check or Police Vet, using the required forms? Yes:  No:

6. Do you have any previous employment or professional disciplinary history that could be relevant to child safety? Yes:  No:

7. Are you a New Zealand citizen? Yes:  No:

8. If “no” to question 7, do you have the legal right to work in New Zealand, either through Permanent Residence or a valid work permit? (Evidence will be required if called to an interview) Yes:  No:

Section 5 Health

Do you have any health issues: Yes:  No:

If yes, please provide details: Click or tap here to enter text.

Section 6 – Official Information Act Requirements

**Collecting and Holding Personal Information**

The information you provide in this application will be held by Naenae College.

**Purpose**

The information is for the purpose of assessing your suitability for employment and the school’s obligations to fulfil legislative requirements such as EEO and ACC. If your application is successful it will be retained in your personnel file. If unsuccessful it will be destroyed within one month of appointment of the successful applicant.

Section 7 Declaration

I, **Click or tap here to enter text.** (*full name*) 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 appointed, or if I am employed, I may be dismissed. I also understand that any false information given in Section 5, Health, may result in my loss of entitlement for any compensation from ACC (or, as applicable, under the Accident Insurance Act).

Signature: **Click or tap here to enter text.** Date: Click or tap to enter a date.

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| **This position is subject to the requirements of the Vulnerable Children’s Act 2014. All successful applicants will be safety checked.**  **(Applicants will not be able to commence employment until checks are completed.)** |