



KATIKATI COLLEGE

"EVER TRYING EVER ONWARD"

CONFIDENTIAL

Date of Application:

APPLICATION FOR EMPLOYMENT

Note: The completion of this form does not indicate that there is any obligation on the school to engage the applicant.

PURPOSE

This information is collected for the purpose of assessing your suitability for employment at Katikati College. It is in your interests to supply a curriculum vitae in addition to the information sought here which should include a summary of achievements relevant to this position and a statement of your educational philosophy. A photograph is appreciated.

Please Print:

POSITION APPLIED FOR: _____

YOUR NAME IN BLOCK LETTERS: Mr Miss Mrs Ms (*Please circle*)

SURNAME: _____

GIVEN NAMES: _____

Are you known by any other name(s)? _____

Give Details: _____

Date of Birth: _____

ADDRESS AND TELEPHONE NUMBERS:

NO. & STREET: _____

SUBURB / TOWN: _____

HOME PHONE NO: _____ **WORK PHONE NO:** _____

EMAIL: _____

TEACHER REGISTRATION:

Are you a New Zealand Registered Teacher?

YES/NO

Date of Expiry: _____

Registration Number: _____

Number of years' Teaching Experience: _____

EDUCATION: *(including University, further education, etc. where applicable)*

Name of Secondary School(s) attended:

From

To

University Qualifications:

College of Education Qualifications:

Other Qualifications/Certificates/Licenses: *(give details)*

LANGUAGES:

Can you speak any language other than English? *(give details)*

EMPLOYMENT HISTORY:

Present or Most Recent Employer:

From **To** **School:** _____

Address: _____

Position (subjects taught): _____

Extra-Curricular Activities: _____

Reason for Leaving: _____

For the purposes of compliance with the Privacy Act 1993 do you consent to the school contacting your present employer for the purposes of reference checking?

YES/NO

Do you consent to the school contacting others you work with for the purpose of reference checking?

YES/NO

Next Most Recent Employer:

From **To** **School:** _____

Address: _____

Position (subjects taught): _____

Extra-Curricular Activities: _____

Reason for Leaving: _____

Next Most Recent Employer:

From **To** **School:** _____

Address: _____

Position (subjects taught): _____

Extra-Curricular Activities: _____

Reason for Leaving: _____

Attach another sheet if necessary to complete employment history.

Have you fulfilled all the contractual obligations of your present position?

YES/NO

REFEREES:

Give name, address and telephone numbers of at least THREE Referees:

Name	Position	Address	Tel.No.
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If your application is accepted, when could you commence employment? _____

I consent to the school seeking verbal or written information about me from representatives of my previous employers and/or referees and authorise the information sought to be released.

YES/NO

This is necessary for compliance with the Privacy Act.

If **YES:** _____ **(Signature)** **Date:** _____

GENERAL:

Have you been convicted of a criminal offence? **YES/NO**

If yes, give brief details:

Are you awaiting the hearing of charges in a civil or criminal court of law? **YES/NO**

If yes, give brief details:

Do you have a current drivers licence? **YES/NO**

If yes, Driver's Licence No: _____ Classes Held: _____

Do you have any cases pending which could affect your licence? **YES/NO**

What are your interest/hobbies/sports/clubs or community activities?

How did you find out about this position? *(Please specify)*

- Website _____
- Newspaper _____
- Word of Mouth _____
- Other _____

Do you have secondary employment? **YES/NO**

If yes, give brief details:

RESIDENTIAL STATUS:

Are you a citizen of New Zealand? **YES/NO**

If yes, can you produce evidence if required? **YES/NO**

If no, do you have the right of permanent residence? **YES/NO**

If no, do you have a work permit? **YES/NO**

(Production of a Passport is required for verification)

MEDICAL:

Katikati College is an EEO employer and encourages applications from anyone including applicants who may have a disability. However, the Health and Safety in Employment Act requires the employer to identify hazards and to provide a safe place of work. A person's physical state may pose a hazard for themselves and other staff hence the reason for these questions.

Do you agree to undergo a medical examination if required? **YES/NO**

Are you at present receiving medical treatment and/or medication? **YES/NO**

If yes, please detail: _____

Are you allergic to, or have any sensitivity to any substances of chemicals? **YES/NO**

Do you require corrective lenses or contact lenses? **YES/NO**

Do you have any hearing condition? **YES/NO**

Have you ever had a back injury requiring time off work? **YES/NO**

If yes, please detail: _____

Have you claimed accident compensation in the last 12 months? **YES/NO**

If yes, please detail: _____

State any serious injury or illness you have sustained that may affect your ability to effectively carry out the functions and responsibilities of the position applied for?

Do you have any other known condition which may affect your ability to effectively carry out the functions and responsibilities of the position applied for? **YES/NO**

If yes, please detail: _____

(Answer only if relevant to the teaching/non-teaching position applied for)

In your past employment have you been exposed to:

- Noise
- Solvents
- Heavy Metals
- Asbestos
- Skin Irritants
- Infectious material?

If yes, please detail: _____

As per the Public Health Order we require all staff to be fully vaccinated against COVID-19 as from 1 January 2022. Upon appointment proof of vaccination will be required.

DECLARATION:

I, _____ *(full name)* declare that, to the best of my knowledge the answers in this application are correct and I understand that if any false or deliberately misleading information is given, or any material fact suppressed, I will not be accepted, or if I am employed, my employment will be terminated. I also understand that any false information given in relation to my medical history may result in my loss of entitlement for any compensation from ACC.

SIGNED: _____ **DATE:** _____