



# 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

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**University Qualifications:**

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**College of Education Qualifications:**

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

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**LANGUAGES:**

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

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**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:**

<b>Name</b>	<b>Position</b>	<b>Address</b>	<b>Tel.No.</b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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:** \_\_\_\_\_