



MOTUEKA HIGH SCHOOL

Whakarewa Street., Motueka 7120, Private Bag 1001, Motueka 7143.

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Principal – Scott Haines, MBA (Dist), BCom

CONFIDENTIAL

APPLICATION FOR EMPLOYMENT : TEACHING

This application must be completed by the applicant in his/her own handwriting.

Position applied for: _____

Collecting and Holding Personal Information:

The information that you provide on this application for employment form will be collected and held on the personnel files of Motueka High School until an appointment has been confirmed. Material will be returned to unsuccessful applicants.

Purpose:

This information is collected for the purpose of assessing your suitability for employment at Motueka High School.

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.

Note: You should provide complete information in answer to each question unless otherwise advised, regardless of whether you consider it relevant to the position applied for.

PLEASE ATTACH YOUR CURRICULUM VITAE

Declaration:

I understand that I will be required to produce originals of educational certificates, practising certificates and, if required, evidence of my legal authority to work in NZ.

I declare that to the best of my knowledge, the answers given in this application form (and details in my enclosed curriculum vitae) are correct. I confirm that I have provided all information that may be relevant to employment with Motueka High School.

I understand that if I have given incorrect or misleading information or have left out any important information I may not be accepted for employment, or if I am employed, I may be dismissed.

I agree to undertake a medical examination should it be required for this position.

Under the Privacy Act 1993, I authorise you to verify information provided by me.

Signed _____ Date _____

SECTION A – PERSONAL DETAILS

Family Name _____ First Names _____

Preferred First Name _____

Contact Address _____

Daytime Phone _____ Email _____

Evening Phone and Fax _____ Email _____

Are you legally entitled to work in New Zealand ?
(eg: NZ Citizenship, Permanent Residency or a current Work Permit) [] Yes [] No

Do you have any commitments that may affect your working performance and/or availability during normal working hours?
(eg: eg Territorial Forces, Boards of Trustees etc) [] Yes [] No

If yes, please specify when you will be unavailable: _____

SECTION B – QUALIFICATIONS

Tertiary _____

Please attach a copy of qualification(s) you hold from tertiary institutions
(eg: Polytech, College of Education, University, other)

Partial Qualifications _____

Professional/Trade Memberships

(for teaching vacancies, please attach a copy of registration) _____

SECTION C – EMPLOYMENT DETAILS

Referees

Please give details of three referees we can contact for a confidential assessment of your suitability for the position. Please include a fax number or email address if this is known.

Name and Address _____ Phone _____

_____ Fax _____

Email _____

Name and Address _____ Phone _____

_____ Fax _____

Email _____

Name and Address _____ Phone _____

_____ Fax _____

Email _____

May we contact your most recent employer? [] Yes [] No

SECTION D – GENERAL INFORMATION

Do you have a current driver's licence?

Yes No

Licence No. _____

Have you ever been convicted of any offence against the law (apart from minor traffic convictions) or otherwise know of any reason why you should not be employed to work in the school/education environment?

Yes No

If Yes give details _____

Have you had an injury or medical condition caused by gradual process, disease, or infection – for example, hearing loss, sensitivity to chemicals, repetitive strain injuries – which the tasks of this job may aggravate and contribute to?

Yes No

If Yes give details _____

In terms of the requirements of the position as described, do you have any disabilities or medical conditions that may prevent you from performing the work to the required standards?

Yes No

If Yes give details _____

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

TEACHER REGISTRATION NUMBER: _____ EXPIRY DATE: _____

