

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 Ōtūmoetai College. It is in your interest 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.

Please Print:

Position Applied For: Te	acher in charge	of Digital Tech	nologies				
Your name in BLOCK LETT	<u>ERS:</u>						
Surname:							
Given Names:							
Are you known by any other na	me(s)?	YES	NO	(circle one)			
Give Details:							
Date of Birth:							
Address and Telephone Nur	<u>mbers:</u>						
No. and Street:							
Suburb and Town:							
Home Phone No:	Home Phone No: Work Phone No						
Email Address:							
Teacher Registration:							
Are you a Registered Teacher?		YES	NO	(circle one)			
Registration N	lumber:						
Date of	Expiry:						
Number of Years Teaching Exp							

Education: (including University, further education, etc where applicable)							
University Qualification(s):							
Bachelor / Masters of :							
College of Education Qualifications:							
Diploma of Teaching Specialising in:							
Ability to teach (if applicable):							
Subject: eg Chemistry							
Year Level: eg Year 13							
Employment History:							
Present or Most Recent Employer:	From: To:						
School:							
Address:							
Position (Subjects Taught):							
	ivacy Act 1993 do you consent to the school contacting	YES	NO	(circle one)			
Do you consent to the school contacting oth referees for the purpose of reference check	her current or former colleagues other than your three listed king?	YES	NO	(circle one)			
Next Most Recent Employer:	From: To:						
School:							
Have you fulfilled all the contractual obligations of your present position?				(circle one)			

Referees: (Give name, address	and telephone numbers of at least	THREE Referees)					
Name	Position	Address		Т	el No.		
If your application is successful	are you able to commence empl	oyment at the beginning of Term 1, 20)22?	YES	NO		
	verbal or written information abo erees and authorise the informati	ut me from representatives of my on sought to be released.	YES	NO	(circle one)		
This is necessary for compliance with the Privacy Act							
If YES	Signature	Date:					
<u>General</u> :							
Have you been convicted of a c	riminal offence?		YES	NO	(circle one)		
Are you awaiting the hearing of charges in a civil or criminal court of law? YE					(circle one)		
Do you have a current driver's licence? YE					(circle one)		
	Driver's Licence No	D:::					
Residential Status:							
Are you a citizen of New Zealan	ıd?		YES	NO	(circle one)		
If yes, can you produce evidence if required?				NO	(circle one)		
If no, do you have the right of permanent residence? YE				NO	(circle one)		
If no, do you have a work permit (production of a Passport is required for verification)? YE				NO	(circle one)		

Medical:

Ōtūmoetai 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	(circle one)
Are you at present receiving medical treatment and / or medication?	YES	NO	(circle one)
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 consent to the school retaining the information contained in this application form for the			
purposes of considering your suitability for any position which may arise with Ōtūmoetai College			
in the future?	YES	NO	(circle one)

Declaration

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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.