

EMPLOYMENT APPLICATION FORM



IMPORTANT NOTES FOR APPLICANTS

Thank you for applying for a position with our school.

- 1 Please fully complete this form personally. Read it through first then answer all questions and make sure you sign and date where indicated on the last page.
- 2 Attach a curriculum vitae (CV) containing any additional information. If you include written references, please note that we may contact the writers of the references.
- 3 Copies only of qualification certificates should be attached. If successful in your application, you will be required to provide originals as proof of qualifications.
- 4 Failure to answer all questions truthfully may result in any offer of employment being withdrawn or appointment being terminated if any information is later found to be false.
- 5 Short listed applicants will be asked to give consent to police vetting. It is a requirement in the Education Sector for all employees to be vetted.
- 6a In terms of a Criminal Conviction, the Criminal Records (Clean Slate) Act 2004 provides that certain convictions do not have to be disclosed providing you meet the following conditions:
 - You have not committed any offence within the last seven years
 - You were not sentenced to a custodial sentence at any time e.g imprisonment, corrective Training, borstal)
 - Never been ordered by the Court following a criminal case to be detained in a hospital due to your mental condition, instead of being sentenced.
 - The offence was not a “specified offence” (e.g sexual offending against children and young people or the mentally impaired)
 - You have paid in full any fine, reparation, or costs ordered by the Court
 - Never been indefinitely disqualified from driving

Custodial sentences include a sentence of preventive detention and corrective training. Non-Custodial sentences include fines, reparation orders, community-based sentences and suspended sentences. Please note that you are not obliged to disclose convictions if you are an eligible individual but can do so if you wish. If you are uncertain as to whether you are eligible contact the Ministry of Justice.
- 6b **Under the Vulnerable Children Act 2014, workers in schools will not be covered by the Clean Slate (as above).** All serious sexual or violent offences against children will be included in Police vetting results. The Act makes it unlawful to employ people with convictions for these offences unless they have an exemption.
- 7 This application form and supporting documents will be held by the school. You may access it in accordance with the provisions of the Privacy Act 1993.

If you have any queries, please email supportvacancy@otc.school.nz

OFFICE USE ONLY: This page must be retained on file as part of the application; it must not be removed or destroyed.

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Position Applied For _____ Closing Date: _____
(Please ensure you have a copy of the Job Description prior to completing this application)

Personal Details:

Surname _____ Mrs Miss Ms Mr
 First Names _____
 Full Postal Address _____
 Contact Telephone _____ (work) _____ (home)
 _____ (mobile) _____ (email)

Please tick appropriate boxes:

	Yes	No
Are you a New Zealand citizen? If not, do you have: resident status / a current work permit (Details) _____	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had a criminal conviction? <i>(convictions that fall under the clean slate scheme do not Have to be disclosed)</i> If "Yes" please detail:	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever received a police diversion for an offence? If "Yes" please detail:	<input type="checkbox"/>	<input type="checkbox"/>
Have you been convicted of a driving offence which resulted in temporary or permanent loss of licence, or imprisonment? If "Yes" please detail:	<input type="checkbox"/>	<input type="checkbox"/>
Are you awaiting sentencing/currently having charges pending? If "Yes" please state the nature of the convictions/cases pending:	<input type="checkbox"/>	<input type="checkbox"/>
In addition to other information provided are there any other factors that we should know to assess your suitability for appointment and ability to do the job? If "Yes", please elaborate:	<input type="checkbox"/>	<input type="checkbox"/>
Have you had any injury or medical condition caused by gradual process, disease or infection, such as occupational overuse syndrome, stress or repetitive strain injuries, which the tasks of this job may aggravate or contribute to? If "Yes" please detail:	<input type="checkbox"/>	<input type="checkbox"/>
If relevant to this position, do you have a current driver's licence? If you have Driving Restrictions, please give detail:	<input type="checkbox"/>	<input type="checkbox"/>

Educational Qualifications:

Please state your last secondary level qualification:

Please state your tertiary level qualifications:

Please state any other qualifications that relate to the position:

Employment History:

Please outline most recent employment history, beginning with current or latest employment (if not included in an attached CV):

Employer	Position Held	Period Worked	Reason for Leaving

Referees

Please provide the names of three people who could act as referees for you. At least one of these should be able to attest to your work performance. If you have included written references from people other than those recorded below, please note that we may contact the writers of these references.

Name	Address	Telephone	Relationship (e.g. Employer/principal)

Authority to approach other referees: I authorise the Board, or nominated representative, to approach persons other than the referees whose names I have supplied to gather information related to my suitable for appointment to the position.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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I certify that the information I have supplied in this application is true and correct. I understand that if I have supplied incorrect or misleading information, or have omitted any important information, I may be disqualified from appointment, or if appointed, may be liable to be dismissed. I confirm in terms of the Privacy Act 1993 that I have authorised access to referees.

Signature: _____ Date _____

OFFICE USE ONLY: Please indicate that this Application Form has been checked and Referee's contacted:

Application Form checked by _____ Dated _____
 Referee Contacted by _____ Dated _____
 Further Details _____