

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: E	nglish Teacher	- permanent			
Your name in BLOCK LET	TERS:				
Surname:					
Given Names:					
Are you known by any other n	name(s)?	YES	NO	(circle one)	
Give Details:					
Date of Birth:			_		
<u>Address and Telephone Νι</u>	ımbers:				
No. and Street:					
Suburb and Town:					
Home Phone No: Work Phone No.					
Email Address:					
Teacher Registration:					
Are you a Registered Teacher	?	YES	NO	(circle one)	
Registration	Number:			<u></u>	
Date o	of Expiry:			<u> </u>	
Number of Years Teaching Ex	perience				

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Education: (inclu	ding University, further ed	ucation, etc where applicable)				
University Qualific	cation(s):					
Bachelor / Master	s of :					
College of Educat	tion Qualifications:					
Dipionia or roadii	g opoolulionig					
Ability to teach (if applicable):						
Subject:	eg Chemistry					
Year Level:	eg Year 13					
Employment His	story:					
Present or Most Recent Employer:		From: To	o:			
	School:					
Position						
	Reason for Leaving:					
		ivacy Act 1993 do you consent to the school con	ntacting	YES	NO	(circle one)
Do you consent to the school contacting other current or former colleagues other than your three listed referees for the purpose of reference checking?			three listed	YES	NO	(circle one)
Next Most Recent	Employer:	From: To	o:			
	School:					
	Reason for Leaving:					
Have you fulfilled all the contractual obligations of your present position?			,	YES	NO	(circle one)

Referees: (Give name, addre	ess and telephone numbers of at leas	t THREE Referees)				
Name	Position	Address			Tel No.	
If your application is successi	ful are you able to commence em	ployment at the beginning of Term 1, 20)22? _	YES	NO	
	ng verbal or written information ab eferees and authorise the informa	out me from representatives of my ation sought to be released.	YES	NO	(circle one	
This is necessary for comp	liance with the Privacy Act					
If YES	Signature	Date:				
<u>General</u> :						
Have you been convicted of a	a criminal offence?		YES	NO	(circle one	
Are you awaiting the hearing of charges in a civil or criminal court of law?			YES	NO	(circle one	
Do you have a current driver'	s licence?		YES	NO	(circle one	
	Driver's Licence I	No::				
Residential Status:						
Are you a citizen of New Zeal	and?		YES	NO	(circle one	
If yes, can you produce evide	ence if required?		YES	NO	(circle one	
If no, do you have the right of	permanent residence?		YES	NO	(circle one	
If no, do you have a work per	mit (production of a Passport is re	equired for verification)?	YES	NO	(circle one	

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Medical:			
Ōtūmoetai College is an EEO employer and encourages applications from anyone included disability. However, the Health and Safety in Employment Act requires the employer to it safe place of work. A person's physical state may pose a hazard for themselves and other questions.	dentify hazard	ds and	to provide a
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 effective responsibilities of the position applied for.	ely carry out	the fu	nctions and
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			
(full name) declare t	hat to the best	of my l	knowledge
the answers in this application are correct and I understand that if any false or deliberately mislematerial fact suppressed, I will not be accepted, or if I am employed, my employment will be termifalse information given in relation to my medical history may result in my loss of entitlement for any	nated. Ιalso ι	underst	and that any