

# **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:		Maths Teacher	<ul> <li>Fixed Term</li> </ul>				
Your name in BLOCK LETTERS:							
Mr	Miss	Mrs	Ms	(circle one)			
Surname:							
Given Names:							
Are you know	n by any oth	ner name(s)?	YES	NO	(circle one)		
Give Details:	<u>.</u>						
Date of Birth:							
Address and	Telephone	e Numbers:					
No. and Street	: _						
Suburb and To	own:						
Home Phone N	lo:			Work Phone No.			
Email Address	:						
<u>Teacher Reg</u>	istration:						
Are you a Reg	istered Tea	cher?	YES	NO	(circle one)		
	Registra	tion Number:					
	Da	ate of Expiry:					
Number of Yea	ars Teachin	g Experience					

Education: (ind	cluding University, further edu	ication, etc where applicable)			
University Quali	ification(s):				
Bachelor / Mast	ers of :				
College of Educ	ation Qualifications:				
•	ching Specialising in:				
Ability to teach:					
Subject:	eg Chemistry				
Year Level:	eg Year 13				
<u>Employment H</u>	listory:				
Present or Most	Recent Employer:	From: To:			
	School:				
Posi					
		ivacy Act 1993 do you consent to the school contacting	YES	NO	(circle one)
	to the school contacting othe school contacting othe school contacting other s	ner current or former colleagues other than your three listed ing?	YES	NO	(circle one)
Next Most Rece	nt Employer:	From: To:			
	School:				
Have you fulfilled all the contractual obligations of your present position?				NO	(circle one)

Name	Position	Address		Tel No.				
If your application is successful are you able to commence employment at the beginning of Term 1, 2022? <u>YES NO</u>								
previous employers and / or refe	I consent to the school seeking verbal or written information about me from representatives of my YES NO (circle one) previous employers and / or referees and authorise the information sought to be released.							
This is necessary for complia	nce 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	YES	NO	(circle one)					
Do you have a current driver's li	YES	NO	(circle one)					
	Driver's Licence	e No::						
<u>Residential Status</u> :								
Are you a citizen of New Zealand? YE					(circle one)			
If yes, can you produce evidence if required? YE					(circle one)			
If no, do you have the right of pe	ermanent residence?		YES	NO	(circle one)			
If no, do you have a work permi	YES	NO	(circle one)					

## <u>References</u>: (Give name, address and telephone numbers of at least THREE Referees)

### 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 Otumoetai 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.