



**ŌTŪMOETAI
COLLEGE**
Kia māramahia te ora e te akoranga

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 – Permanent

Your name in BLOCK LETTERS:

Mr Miss Mrs Ms (circle one)

Surname: _____

Given Names: _____

Are you known by any other name(s)? YES NO (circle one)

Give Details: _____

Date of Birth: _____

Address and Telephone Numbers:

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: _____

Date of Expiry: _____

Number of Years Teaching Experience _____

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:

Subject: eg Chemistry _____

Year Level: eg Year 13 _____

Employment History:

Present or Most Recent Employer: **From:** _____ **To:** _____

School: _____

Address: _____

Position (Subjects Taught): _____

Extra Curricular Activities: _____

Reason for Leaving: _____

For the purposes of compliance with the Privacy Act 1993 do you consent to the school contacting your present employer for the purposes of reference checking? 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? YES NO (circle one)

Next Most Recent Employer: **From:** _____ **To:** _____

School: _____

Reason for Leaving: _____

Have you fulfilled all the contractual obligations of your present position? YES 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

_____ (full name) declare that to the best of my knowledge 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.