



**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:** \_\_\_\_\_

**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)

References: (Give name, address and telephone numbers of at least THREE Referees)

Name	Position	Address	Tel No.

If your application is successful are you able to commence employment at the beginning of Term 1, 2024? YES NO

I consent to the school seeking verbal or written information about me from representatives of my previous employers and / or referees and authorise the information sought to be released. YES NO (circle one)

**This is necessary for compliance with the Privacy Act**

If **YES** \_\_\_\_\_ Signature Date: \_\_\_\_\_

General:

Have you been convicted of 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 No.: \_\_\_\_\_

Residential Status:

Are you a citizen of New Zealand? YES NO (circle one)

If yes, can you produce evidence 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 permit (production of a Passport is required for verification)? 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 \_\_\_\_\_

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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.

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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.