



## APPLICATION FOR EMPLOYMENT

### Teaching Staff

CONFIDENTIAL – *to be completed personally by the applicant*

**POSITION APPLIED  
FOR:**

---

**Date of application:**

---

#### **PURPOSE**

Thank you for applying for a position within our school. This information is collected for the purpose of assessing your suitability for a position at Seddon School, which may include future changes in roles within the school. Please ensure that you have a copy of the job description before completing this application.

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 Curriculum Vitae containing any additional information. If you include written references, please note we may contact the writers of these references.
3. Please only forward copies of qualifications and certificates. If successful in your application, you will be required to provide originals as proof of qualifications.
4. Failure to complete this application and answer all questions truthfully may result in any offer of employment being withdrawn or appointment being terminated, if any information is later found to be false.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. If you are selected for an interview, you may bring whānau/support people at your own expenses. Please advise if this is your intention.
6. Please note application material will not be returned once the appointment has been made. 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.
7. All applicants will be asked to give consent to a police vet (if not already completed as part of teacher registration). It is a requirement in the Education Sector for all employees to be vetted. Please note that under the Vulnerable Children Act 2014, core workers in schools will not be covered by the Clean Slate.

Please note: Electronic applications are preferred.

<b>PERSONAL DETAILS</b>	<b>Surname/Family Name</b> _____		
	<b>First Names in Full</b> _____ Are you known by any other names? (If yes, please provide below) _____		
	<b>Title</b> (please circle)      Mr   Mrs   Miss   Ms   Other		
	<b>Gender:</b> Male <input type="checkbox"/> Female <input type="checkbox"/> Intersex <input type="checkbox"/>		
<b>Date of Birth:</b> _____ <i>If you are shortlisted you will need to bring with you to the interview two forms of ID including one photographic as proof of identity e.g. Passport, Driving License.</i>			
<b>FULL POSTAL ADDRESS</b>	<b>Address:</b> _____		
	<b>Phone Number:</b> _____		
	Home: _____ Cellphone _____ Email: _____	Work: _____	
<b>TEACHER REGISTRATION DETAILS</b>	<b>Date:</b> _____		<b>Number:</b> _____
	<b>Start Date</b> _____		<b>Expiry Date</b> _____
Registration application submitted on (if waiting on confirmation) _____			
<b>CURRENT EMPLOYMENT</b>	<b>Present Employment</b> _____		
	<b>Position Held</b> _____		
	<b>School</b> _____		
	<b>Type</b> Permanent <input type="checkbox"/> Relieving <input type="checkbox"/>		
<b>PROOF OF IDENTITY AND RIGHT TO WORK</b>	Are you a New Zealand Citizen:		Yes <input type="checkbox"/> No <input type="checkbox"/>
	If not, do you have a resident status, or		Yes <input type="checkbox"/> No <input type="checkbox"/>
	A current work permit?		Yes <input type="checkbox"/> No <input type="checkbox"/>
	Date of expiry: _____		
	<i>Shortlisted applicants being interviewed will need to provide originals of two types of identification (one photo ID).</i>		

## QUALIFICATIONS

Certificates, Degrees, Diplomas or other relevant qualifications <i>Use a separate sheet if necessary.</i>	Year passed

**Verification of qualifications and teacher's registration will be required.  
Please provide certified copies with this application.**

## EMPLOYMENT HISTORY

Please outline your most recent employment history, beginning with current or latest employment.

Period Worked	Employer's Name	Position Held	Reason for Leaving

## MEDICAL

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? ☐ Yes ☐ No

If "Yes", please detail:

Do you have any allergic reactions? ☐ Yes ☐ No

If "Yes", please detail:

Do you have any existing medical conditions that the school should be made aware of? ☐ Yes ☐ No

If "Yes", please detail:

The school has a non-smoking policy. Will you have difficulty complying with this? ☐ Yes ☐ No

## GENERAL

Have you ever had a criminal conviction? ☐ Yes ☐ No  
If "Yes", please detail:

Have you ever received a police diversion for an offence? ☐ Yes ☐ No  
If "Yes", please detail:

Have you been convicted of a driving offence, which resulted in temporary or permanent loss of license, or imprisonment? ☐ Yes ☐ No  
If "Yes", please detail:

Are you awaiting sentencing/currently have charges pending? ☐ Yes ☐ No  
If "Yes" please state the nature of the conviction/cases pending

Have you ever been the subject of any concerns involving student safety? ☐ Yes ☐ No  
If "Yes" please elaborate:

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? ☐ Yes ☐ No  
If "Yes" please elaborate :

## REFEREES

Please provide the names of three people who could act as referees for you in a professional capacity. At least two 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 those references.**

Name	Email	Telephone (DDI or direct extension)	Cellphone	Position

### Declaration One

In accordance with the Privacy Act 1993, I give consent for the Board of Trustees or their representatives to make enquiries from the referees listed in the application and give consent to the referees making such information available. Furthermore, I also give consent for the Board of Trustees or their representatives to make enquiries of past or present employers, colleagues, NZTC or equivalent overseas professional body or any other person who may be in a position to assist the Board in determining my suitability in terms of filling the vacancy and give consent to those people providing such information.

### Declaration Two

I declare that to the best of my knowledge, the answers given in this application for employment are correct and I understand that if any omission, false or deliberately misleading information is given, or material fact suppressed, I will not be considered or, that if I am employed, my employment may be terminated.

I also understand that any false information given in relation to my medical history with regards to gradual process, disease or infection, may result in loss of entitlement for any compensation from ACC or the Boards accident insurer.

I certify that:

- The information I have supplied in this application is true and correct
- I confirm in terms of the Privacy Act 1993 that I have authorized access to referees
- I know of no reason why I would not be suitable to work with children/young people
- I understand that if I have supplied incorrect or misleading information, or have omitted any important information, or if appointed, I may be disqualified from appointment, may be liable to be dismissed.

Full Name

Signature

Date

Do you consent to Seddon School retaining the information contained in this application for employment, for the purposes of considering your suitability for any other position, which may arise in the school from time to time?

☐ Yes ☐ No