

Employment Application Form



PERSONAL INFORMATION

Name:	
Position Applying for:	
Address:	
Date of Birth:	
Home Phone:	
Work Phone:	
Cell Phone:	
Email:	
Teacher Registration Number:	
Expiry Date:	

Teaching Qualifications

	Institution	Year Awarded
Trained Teacher's Certificate:		
Diploma of Teaching:		
Other Academic Qualifications:		

Current Employment

Position Held:	
Year Appointed:	
School:	
Pay Grade:	
Location:	

For the purposes of compliance with the Privacy Act 1993, do you consent to The Board of Trustees, Pauatahanui School, to contact your present employer and/or nominated referees in order to obtain a more complete picture of your professional abilities?

YES NO

Previous Employment

Position Held	From	To	School	Location	U-Grade

Health

Do you have any known condition that may affect your ability to efficiently carry out the functions and responsibilities of the position applied for?	Yes No
If Yes, please specify:	

Convictions against the Law

Have you ever been convicted of any criminal offence (other than a minor traffic offence)?	Yes No
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If, Yes, please give details and note that you may be asked to provide a copy of the relevant court records.	
Are you currently awaiting the hearing of any charges?	Yes No
Please Note: The Board reserves the right to contact authorities to verify any claim made. Convictions that fall under the Clean Slate Act do not have to be disclosed.	

Referees

Please provide names, addresses and contact number of three (3) referees, one of whom is a Principal who can attest to your professional skills.

	1	2	3
Name:			
Position:			
Address:			
Contact Details: Hm Phone Wk Phone Mobile Email	* * * *	* * * *	* * * *
Capacity in which you have known this person:			

I consent to the school seeking verbal or written information on a confidential basis about me from representatives of my previous employers and/or referees and authorise the information sought to be released to the school for the purposes of ascertaining my suitability for the position for which I am applying.

I understand that the information received by the school is supplied in confidence as evaluative material and will not be disclosed to me.

Signature: _____ Date: _____