Application for employment Te Whāriki Manawāhine O Hauraki

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| PRIVATE & CONFIDENTIAL |
| **Return this form with your CV and covering letter to**: marama.atahaia@gmail.com  |  |
| **Position applied for**:  |
|  |
| Surname: | Given name(s): | Title: |
| Address: |
| Telephone number (landline): |
| Telephone number (mobile): |
| Email address: |
| Current driving licence? | ○Yes | ○No |
| Licence number: | Conditions: |
| Licence class: | Expiry date: / / |
| Are there any restrictions on you taking up employment in New Zealand? *(If yes, please provide details)* | ○Yes | ○No |
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| **Education history** |
| Schools: | Qualifications gained: |
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| Colleges/universities: | Qualifications gained: |
|  |  |
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| Other training: | Qualifications gained: |
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| Employment historyPlease complete in full your most recent employment first and use a separate sheet if necessary. Please also attach a copy of your full CV with this application. |
| **1.** | Name of employer: |
|  | Address of employer: |
|  |  |
|  | Job title and duties: |
|  |  |
|  |  |
|  | Start salary: | Finish salary: |
|  | Reason for leaving: |
|  | Notice required in current role: |
|  |  |
| **2.** | Name of employer: |
|  | Address of employer: |
|  |  |
|  | Job title and duties: |
|  |  |
|  |  |
|  | Start salary: | Finish salary: |
|  | Reason for leaving: |
|  |  |
| **3.** | Name of employer: |
|  | Address of employer: |
|  |  |
|  | Job title and duties: |
|  |  |
|  |  |
|  | Start salary: | Finish salary: |
|  | Reason for leaving: |
|  |  |
| **4.** | Name of employer: |
|  | Address of employer: |
|  |  |
|  | Job title and duties: |
|  |  |
|  |  |
|  | Start salary: | Finish salary: |
|  | Reason for leaving: |
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| **Current membership of professional bodies** |
| Please note any professional bodies you are a member of or are registered with. |
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| **Other employment** |
| Please note any other employment you would continue with if you were to be successful in obtaining this position. |
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| **References** |
| Please note the names and contact details of three persons from whom we may obtain both character and work experience references. |
| 1. | Name: |
|  | Email Address: |
|  | Phone (mobile or landline) |
|  | Known in the capacity of: |
|  | *(i.e. Manager/Education)* |
| 2. | Name: |
|  | Email Address: |
|  | Phone (mobile or landline) |
|  | Known in the capacity of: |
|  | *(i.e. Manager/Education)* |
| **Criminal record** |
| Please note any criminal convictions. If none please state. In certain circumstances employment is dependent upon obtaining a satisfactory Police vetting check and/or children’s worker safety check. ***This position requires a clean Police vetting check and children’s worker safety check.*** |
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| **Health and Safety**Please complete the following health and safety information and note that we require this information to ensure we provide a safe working environment for all employees. |
| 1. Has any illness or medical condition prevented you from attending work on your normal duties or activities for more than one week during the past year? If yes, please specify.
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| 1. Do you have any physical or mental health conditions which have a substantial and long-term effect on your ability to carry out day to day activities? If yes, please specify any special adjustments your employer will be required to make to ensure a safe working environment.
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| 1. Any other current or recent medical condition or treatment which might affect your attendance or performance at work?
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| **Declaration** |
| (Please read this carefully before signing this application) |
| 1.  | I confirm that the above information is complete and correct and that any false or misleading information will give my employer the right to terminate my employment without notice. |
| 2.  | I agree that the employer reserves the right to require me to undergo a medical examination. I understand that should the employer require further information and wish to contact my doctor with a view to obtaining a medical report, the employer will inform me of their intention and obtain my permission prior to contacting my doctor. In addition, I agree that this information will be retained on my personnel file during employment and for up to six years thereafter. |
| 3. | I agree that should I be successful in this application, I will, if required, consent to a Police vetting check and/or children’s worker safety check. I understand that should I fail to do so, or should the check not be to the satisfaction of my employer, any offer of employment may be withdrawn, or my employment terminated. |
| Signed: | Date: / / |