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](mailto: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 history Please 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: / / |