

APPLICATION FOR APPOINTMENT ... SUPPORT STAFF

To: The Principal. I wish to apply for the position of:

..... at Long Bay College

Thank you for applying for a position with our school. Please ensure you have a copy of the job description and person specifications before completing this application.

- 1. Please complete this form personally. Answer all questions and make sure you sign and date where indicated on the last page.
- 2. Attach a curriculum vitae (CV) containing any additional information. If you include written references, please note that we may contact the writers of these references.
- 3. Copies only of qualification certificates should be attached. 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 Failure to complete this application and answer all questions truthfully may result in any offer of employment being withdrawn or appointment being terminated if any information is later found to be false.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 whanau/support people at your own expense. Please advise if this is your intention.
- 6. Shortlisted applicants will be asked to give consent to a check by police.
- 7. 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.
- 8. Should you be offered this position you will be required to complete a police vetting check and the offer of employment remains conditional until such time as this has been completed and is satisfactory.

PERSONAL INFORMATION

Full Name:			
	Surname		First Name(s)
Address:			
Phone:	Home:	Business:	Mobile:
	Fax:	email:	
Gender:	Male / Female	Date of Birth:	
In order to en	sure your safety in our work	ing environment, please supply	details of existing medical condition(s):

EDUCATION AND QUALIFICATIONS:

Name of School/Technical Institute/University/etc	Dates attended From – To	Qualifications obtained

Continued /...

Name of School/Technical	Dates attended	Qualifications obtained	
Institute/University/etc continued	From – To		

TRADE/OCCUPATIONAL QUALIFICATIONS Please list trade/occupational qualifications. Where appropriate you will be required to produce original qualification documents.

Are you currently studying or planning to study for any qualifications?	YES / NO
Please give details:	
If requested, are you willing to undertake training during and/or outside business hours?	YES / NO

EMPLOYMENT RECORD:

Please list your current or most recent employer first.

	From:	То:
Current/Past Employer:	 	
Position:	 	
Reason for leaving:	 	
	_	_
	From:	То:
Current/Past Employer:	 	
Position:	 	
Reason for leaving:	 	
	From:	То:
Current/Past Employer:		
Current/Past Employer: Position:	 	
Position:		
Position:	 	
Position:	 	
Position: Reason for leaving:	 From:	То:
Position: Reason for leaving:	 From:	To:

If you wish, please state in support of your application any other relevant qualifications, experience or strengths that you feel you possess. (Please use a separate sheet if desired.)

Please give names, addresses, phone numbers (home, mobile, business) and email contact of referees:

1	 2	 3	
			••••••

May we discuss references with past or present employers?	YES / NO
May we contact your current or previous employers?	YES / NO

Are you:	A New Zealand citizen YES / NO	An Australian citizen YES / NO
	A New Zealand resident YES / NO	A work permit holder YES / NO

If you are not a New Zealand citizen, and if you do not have the right of permanent residency here, then New Zealand Immigration Legislation requires this College to ask the following question:

Do you have a worl	<pre>k permit?</pre>	YES / NO
Expiry Date:	//	

Do you agree to work overtime as and when required? YES / NO

If your application is successful, when could you start work?

You are required to provide photographic evidence of your identity in the form of a photocopy of either a current passport or driver's licence.

Declaration:

I, declare that the answers to the questions in this application are true and correct. I have read and understood points 1 to 8 on Page 1 of this document and I accept that should my application be successful, the foregoing information will form part of my contract of employment and falsification of information is grounds for dismissal.

Signature:

Date:

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Privacy Act Authorisation:

This Authorisation Form is required to empower the Board of Trustees appointed sub-committee to contact the writer of any reference, any nominated referee or any other person to seek elaboration of any aspect of the written information forwarded on behalf of the applicant, or to make other enquiries the Board considers appropriate.

The form also authorises the Board to advise unsuccessful applicants of the name of the successful applicant after the successful applicant has been advised of their selection.

I, do hereby authorise the Board's appointed sub-committee to undertake the process of seeking more information from the writers of any reference or from a nominated referee or any person to seek elaboration of any aspect of written information that is presented to the Board as part of the application for the position of Business Manager at Long Bay College. The Board is authorised to advise unsuccessful applicants of my name should I be the successful applicant.

Signature: Date:

Information provided on this form is used to assist in appointing the best person. This information will be kept in the personal file (in a locked filing cabinet in the Principal's Personal Assistant's office) for successful applicants. It will either be returned or destroyed for unsuccessful applicants. The information is accessible to the Principal and the applicant only. It may be updated or amended by the applicant on request.