



Hornby High School
Te Huruhuru Ao o Horomaka

Application Form

HOD Health (to Level 3 NCEA) and PE to Senior levels Full time permanent position - 1MU and 1MMA

Please:

1. complete all sections of this form and indicate which position you are applying for, or both (if applicable)
2. attach a covering letter
3. attach your curriculum vitae.

Please send your application by email only please to:

Email: pa@hornby.school.nz

Full time permanent HOD Health (to Level 3 NCEA)
Hornby High School

The application must be received by 9am, Thursday 22 February 2018, to be considered.

1. PERSONAL DETAILS:

Full Name: _____

Postal Address: _____

Landline: _____ Mobile: _____

Email: _____

2. TEACHER REGISTRATION Category & Number _____

3. PRESENT EMPLOYMENT

Position _____

Employer: _____ Date appointed: _____

Nature of present position (tick appropriate boxes)

Permanent ☐ Full time ☐

Contract ☐ Part time ☐ Other (specify) _____

4. EMPLOYMENT RECORD:

Please provide an overview of your most recent positions and any other employment information you consider relevant to this position.

DATE	EMPLOYER	POSITION/ROLES

5. QUALIFICATIONS:

Please list your qualifications, and any aspects of your study that are particularly relevant to this position.

QUALIFICATION	YEAR COMPLETED	PARTICULARLY RELEVANT ASPECTS

6. REFEREES Please nominate three referees below. These referees will be contacted by phone.

Referee 1. Name: _____

Position/Relationship to applicant : _____

Address: _____

Telephone: Bus: _____ Pvte: _____ Mobile: _____

Referee 2. Name: _____

Position/Relationship to applicant : _____

Address: _____

Telephone: Bus: _____ Pvte: _____ Mobile: _____

Referee 3. Name: _____

Position/Relationship to applicant : _____

Address: _____

Telephone: Bus: _____ Pvt: _____ Mobile: _____

7. DISCLOSURE:

- Have you ever been convicted of any offence against the law apart from summary offences?

Yes / No (please circle)

- If yes, please supply relevant details:

- I give permission for the Hornby High School Board of Trustees to check my record with the New Zealand Police.

- Please describe any injury or illness you have had that may affect your ability to carry out the duties and responsibilities of the position effectively.

- Do you have any other known condition that may affect your ability to carry out the duties and responsibilities outlined in the job description effectively? If yes, please provide the detail.

8. CONFIRMATION

- a) I certify that the information given in this application is, to the best of my knowledge, correct. I understand that this may be verified.
- b) In accordance with the Privacy Act, I authorise the Board of Trustees to obtain further information from the referees listed in this application and consent to the referees disclosing such information to the Board.
- c) I agree that the Board may make further verbal or written inquiry from my previous employer(s), and/or any other people relevant to this application.
- d) I agree that the information gained from the above enquiries in respect to my application be used for the purposes of considering my suitability for the position.
- e) I agree to the Hornby High School Board of Trustees requesting my personal file from any appropriate professional body.
- f) I declare that to the best of my knowledge the answers in this application form and the information provided in my Curriculum Vitae are correct and I understand that if any false

or misleading information is given, or any material information suppressed, I will not be employed, or if I am employed, my employment will be terminated.

Applicant's Signature: _____ Date: _____