

APPLICATION FOR EMPLOYMENT

CONFIDENTIAL – to be completed personally by the applicant

Date of application:	:				
	PERSON	IAL DETA	AILS		
First Names in full					
Surname/Family Name					
Preferred First Name					
Title	Mr	Mrs	Miss	Ms	Other
Gender	Male	Fema	ale	Other	
Date of Birth (dd/mm/yyyy)					
Ethnicity/ies (please indicate)					
	CONTAC	T DETAII	LS		
Street Address					
Town/City					
Email					
Phone					Mobile
Best way to contact you					

Please note the following:

• All applications should be forwarded by email to vacancy@mgc.school.nz.

Position applied for:

- Include your CV and any additional information. If you include written references, please note we may contact the writers of these references.
- Only forward copies of qualifications and certificates. If successful, you may be required to provide originals as proof of qualifications.
- Answer all questions truthfully. If any information is later found to be false, this may result in any offer of employment being withdrawn or appointment being terminated.
- Applicants invited to interview for this position will have their reasonable travel costs reimbursed. If selected for an interview, you may bring whānau/ support people.
- Application material will not be returned once the appointment has been made. 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 2020.
- All applicants are required to give consent for a police vet. It is a mandatory requirement in the Education Sector for all employees to be vetted. Please note that under the Children's Act 2014, core workers in schools will not be covered by the Clean Slate.

CURRENT EMPLOYMENT

Position held Organisation

Tenure Permanent Fixed Term Casual

PROOF OF IDENTITY AND ELIGIBILITY TO WORK

Are you a New Zealand Citizen:

If not, do you have a resident status, or

A current work permit?

Yes

No

Date of Expiry

Shortlisted applicants being interviewed will need to provide originals of two types of identification (one photo ID).

QUALIFICATIONS

Verification of relevant qualifications will be required - certified copies required.

EMPLOYMENT HISTORY

Outline your most recent employment history, beginning with current or latest employment.

Period Worked Employer's Name Role Reason for Leaving

Certificate, Degrees, Diplomas or other relevant qualifications

Year Passed

MEDICAL

You will be aware of the vaccination and testing orders around the Government's decisions that the requirement for the education workforce is to be vaccinated, and in many cases, tested. You will need to disclose anything that may impair your ability to accept and fulfill all of these conditions of employment.

Have you had any injury or medical condition caused by gradual process, disease or infection, such as occupational overuse syndrome, stress or repetitive strain injuries, which the tasks of this job may aggravate or contribute to?	Yes	No
If "Yes", please detail:		
Davis, have any allegain goodings?	Yes	No
Do you have any allergic reactions?	163	NO
If "Yes", please detail:		
Do you have any existing medical conditions that the College should be made aware of?	Yes	No
If "Yes", please detail:		
The College has a non-smoking policy. Will you have difficulty complying with this?	Yes	No
GENERAL		
Have you ever had a criminal conviction?	Yes	No
If "Yes", please detail:		
Have you ever received a police diversion for an offence?	Yes	No
If "Yes", please detail:		
Have you been convicted of a driving offence which resulted in temporary or permanent loss of or imprisonment?	license, Yes	No
If "Yes", please detail:		
Are you awaiting sentencing/currently have charges pending? If "Yes" please state the nature of the conviction/cases pending \Box	Yes	No
Have you ever been the subject of any concerns involving student safety?	Yes	No
If "Yes", please detail:		
In addition to other information provided, are there any other factors, including any current investigations, that we should know to assess your suitability for appointment and ability to do the job?	Yes	No
If "Yes", please elaborate:		

REFEREES

Please provide the names of three people who could act as referees for you in a professional capacity. At least two of these should be able to attest to your work performance. If you have included written references from people other than those recorded below, please note that we may contact the writers of those references.

Name Email Mobile Position

DeclarationOne

In accordance with the Privacy Act 2020, I give consent for the Board of Trustees or their representatives to make enquiries from the referees listed in the application and give consent to the referees making such information available. Furthermore, I also give consent for the Board of Trustees or their representatives to make enquiries of past or present employers, colleagues or relevant professional bodies or any other person who may be in a position to assist the Board in determining my suitability in terms of filling the vacancy and give consent to those people providing such information.

DeclarationTwo

I declare that to the best of my knowledge, the answers given in this application for employment are correct and I understand that if any omission, false or deliberately misleading information is given, or material fact suppressed, I will not be considered or, that if I am employed, my employment may be terminated.

I also understand that any false information given in relation to my medical history with regards to gradual process, disease or infection, may result in loss of entitlement for any compensation from ACC or the Boards accident insurer.

I certify that:

- The information I have supplied in this application is true and correct
- I confirm in terms of the Privacy Act 2020 that I have authorized access to referees
- I know of no reason why I would not be suitable to work with children/young people
- I understand that if I have supplied incorrect or misleading information, or have omitted any important information, or if appointed, I may be disqualified from appointment, may be liable to be dismissed.

By entering your full legal name in the signature box below you agree to the above declarations
Full Name
Signature
Date