TUAKAU COLLEGE

APPLICATION FOR EMPLOYMENT

Position applied for: _____

Title: Mr ☐ Mrs ☐ Ms ☐ Miss ☐ *(please tick one)*

Surname/Family Name	First Names *(in full)*
Known by any other name(s)? Yes ☐ No ☐	Maiden Name *(if applicable)*:

Full Postal Address and Postcode

Email address	Mobile Phone No.
Home Phone No.	Work Phone No:

PROOF OF IDENTITY AND RIGHT TO WORK CHECK

Shortlisted applicants being interviewed will need to provide the originals of two types of identification – one from each of the categories below. Identification documents must be current and presented in person by the applicant. Any name/identity changes must be supported by acceptable evidence).

Category A:

- ☐ New Zealand passport
- ☐ New Zealand certificate of identity issued under the Passports Act 1992 to non-New Zealand citizens who cannot obtain a passport from their own country of origin.
- ☐ New Zealand certificate of identity (issued to people who have refugee status)
- ☐ New Zealand Refugee Travel Document
- ☐ Emergency Travel Document
- ☐ New Zealand Firearms Licence
- ☐ Overseas passport (with or without NZ Immigration Visa/Permit)
- ☐ New Zealand Full Birth Certificate issued on or after 1998
- ☐ New Zealand Citizenship Certificate

Category B:

- ☐ New Zealand Driver's Licence
- ☐ 18+ Card (must be current)
- ☐ Community Services Card
- ☐ Super Gold Card
- ☐ Veteran Super Gold Card
- ☐ Inland Revenue Number
- ☐ Electoral Roll Records
- ☐ New Zealand issued utility bill (not more than 6 months old).

Immigration Information

Are you a New Zealand citizen: Yes ☐ No ☐

If not, do you have resident status: Yes ☐ No ☐ *or* a current work permit: Yes ☐ No ☐

Have you ever had a criminal conviction? Yes ☐ No ☐ *If "Yes" please give details below:*
(Convictions that fall under the Clean Slate scheme do not have to be disclosed.)

Have you ever received a police diversion for an offence? Yes ☐ No ☐
If "Yes" please give details:

Have you ever been convicted of a driving offence which resulted in temporary or permanent loss of licence, or imprisonment? Yes ☐ No ☐ *If "Yes" please give details:*
Are you awaiting sentencing or have charges pending? Yes ☐ No ☐ *If "Yes" please state the nature of the conviction/cases pending:*
In addition to other information provided, are there any other factors that we should know about to assess your suitability for appointment and your ability to do the job? Yes ☐ No ☐ *If "Yes" please elaborate:*
Have you ever been the subject of any concerns involving student safety? Yes ☐ No ☐ *If "Yes" please give details:*
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 position may aggravate or contribute to? Yes ☐ No ☐ *If "Yes" please give details:*
Do you have a current New Zealand driver's licence? Yes ☐ No ☐
Teacher registration number: _____ Status: *Full / Provisional / STC* Expires: _____

EDUCATIONAL QUALIFICATIONS

	Name	**Location**	**No. of years Completed**	**Highest Qualification Gained**
Secondary School				
Private training establishment PTE				
Polytechnic				
University				
Other				

EMPLOYMENT HISTORY

Please list your work experience in your last five positions beginning with most recent. If you were self-employed, give details. If you've had more than five positions in last five years, please list them all (on additional sheet(s) if necessary).

From (month/year) to (month/year)	Name of school, institution or employer	Position Held	Reason for Leaving

REFEREES *Please provide the names of three referees, at least one of whom should be able to attest to your most recent work performance. If you have included written references from people other than those below, please note we may contact them.*

Name	School/ Organisation & Address	Contact phone numbers	Relationship to applicant

Authority to approach other referees		
I authorize the Board, or nominated representative, to approach persons, other than those referees I have supplied, to gather information related to my suitability for appointment to the position.	**Yes** ☐	**No** ☐
I authorize the Board, or nominated representative, permission to access any information held by the Education Council of Aotearoa New Zealand (EDUCANZ), or any other educational organisation, including information regarding matters under investigation, to gather information related to my suitability for appointment to the position.	**Yes** ☐	**No** ☐

DECLARATION

I certify that:

1. The information I have supplied in this application is true and correct.
2. I confirm in terms of the Privacy Act 1993 that I have authorized access to referees.
3. I know of no reason why I would not be suitable to work with children/young people.
4. I understand that if I have supplied incorrect or misleading information, or have omitted any important information, I may be disqualified from appointment or, if appointed, may be liable to be dismissed.
5. I consent to the personal information that I have provided here being used for compilation of statistical data for the Ministry of Education and the Education Review Office.
6. If I am appointed to the position, I consent to relevant personal data being provided, where required, to the Ministry of Education, the Education Review Office, the Board's salary servicing agency and the Board's auditors.
7. I understand I have the right to see and correct, if necessary, the information I have provided.
8. I understand that without my consent to the above, my application for appointment may not succeed.

Signature _____ Date _____

Note: If this form is completed electronically, a hard copy (signed) must be provided.