

## Employment Application

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Attached is an Employment Application which you are requested to complete.

The application is a source of information that will be used by Woodford House to consider your suitability for the position for which you are applying. If successful, such information will form part of our staff records. Failure to supply the information requested may prejudice our ability to assess your suitability for the position.

In accordance with The Privacy Act 1993, you are entitled to access this information upon request to the school's Privacy Officer.

Staff records are located in either the Administration Office or Principal's Office and are available on request.

My signature below is acceptance of the above.

Dated: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Signed: \_\_\_\_\_

Name: \_\_\_\_\_

# Employment Application

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*To be completed by applicant*

**CONFIDENTIAL**

Date of Application: \_\_\_\_\_

**Note:** The completion of this form does not indicate that there is any obligation on Woodford House to engage the applicant.

## Purpose

This information is collected for the purpose of assessing your suitability for employment at Woodford House which may include subsequent changes in employment at the school.

**Position Applied for:** \_\_\_\_\_

**Your Name: Mr / Mrs / Miss / Ms**

(In block letters)

**Surname:** \_\_\_\_\_

**Given names:** \_\_\_\_\_

(underline name used)

**Are you known by any other name(s)?** \_\_\_\_\_

**Give details:** \_\_\_\_\_

\_\_\_\_\_

**Your Home Address:**

**Number & Street:** \_\_\_\_\_

**Town:** \_\_\_\_\_ **Postcode:** \_\_\_\_\_

**Telephone Home:** \_\_\_\_\_

**Work:** \_\_\_\_\_

**Mobile:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**Status** Do you have the right to work in New Zealand?  Yes  No

If yes, what is that right based upon? \_\_\_\_\_

I undertake to provide a copy of my birth certificate; permanent residency or work permit within 24 hours of a request whether verbal or written.

Are you an assisted immigrant under bond to the government or any other employer?

Yes  No

If yes, what are the details?: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Education** (including university, further education, etc)

**Highest formal qualification achieved:** \_\_\_\_\_

Name of education organisation (e.g. school/college/training establishment) of highest qualification achieved:

\_\_\_\_\_

*For other qualifications or formal attainments you consider relevant, list the issuing authority e.g. polytechnic, university or private training establishment with the qualifications/ standards of achievement and years of attendance:*

1. \_\_\_\_\_ Qualifications: \_\_\_\_\_

2. \_\_\_\_\_ Qualifications: \_\_\_\_\_

3. \_\_\_\_\_ Qualifications: \_\_\_\_\_

**Teacher Registration Status** (for teaching positions only)

Full  Provisional  Pending

Registration Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

Have you ever had your registration status cancelled or refused?  Yes  No

Have you ever been dismissed from a teaching position?  Yes  No

## EMPLOYMENT HISTORY

Please provide details of your last two employment positions:

**(Start with the most recent/current position)**

1. Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Length of Service: From: \_\_\_\_\_ To: \_\_\_\_\_

Position Held: \_\_\_\_\_

Nature of Work: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

2. Name of Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Length of Service: From: \_\_\_\_\_ To: \_\_\_\_\_

Position Held: \_\_\_\_\_

Nature of Work: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

## OTHER PARTICULARS

List any professional associations of which you are a member:

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List interests, hobbies, community and/or church involvement:

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## GENERAL

If your application proceeds and all terms and conditions of employment are agreed on and accepted, when could you commence employment? \_\_\_\_\_

Are you prepared to work overtime if required?  Yes  No  
**(non-teaching staff only)**

Do you have a criminal record on any matter that is relevant in any way whatsoever to this workplace, our customers, services or the tasks associated with the position you are applying for?

Yes  No

(You can obtain confidential advice about answering this question free from the Employment Relations info line 0800 800 863)

If you have answered yes, please provide details.

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Are you awaiting the hearing of charges in a civil or criminal court of law?

Yes  No

If yes, please provide details \_\_\_\_\_

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Do you have a current driver's licence?  Yes  No

If no, please provide another form of photo ID.

If yes, what class (es): \_\_\_\_\_ Licence No.: \_\_\_\_\_  
 (Please attach copy)

Are you awaiting hearing of any charges for driving offences?

Yes  No

## Medical

- |   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| • Do you smoke? (Woodford House is a 100% smoke-free site, both indoors and outdoors) | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you agree to undergo a medical examination relevant to the job if required?      | <input type="checkbox"/> | <input type="checkbox"/> |
| • Are you allergic to, or have any sensitivity to any substances or chemicals?        | <input type="checkbox"/> | <input type="checkbox"/> |
| • Do you require corrective lenses or contact lenses?                                 | <input type="checkbox"/> | <input type="checkbox"/> |
| • Have you ever suffered from a back injury requiring time off work?                  | <input type="checkbox"/> | <input type="checkbox"/> |

If yes, please detail: \_\_\_\_\_

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Have you claimed accident compensation in the last 12 months?  Yes  No

If yes, please give details: \_\_\_\_\_

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Do you have any injury or illness you have suffered that may affect your ability to effectively carry out the functions and responsibilities of the position applied for or impact on the employer, its business or staff?

Yes  No

If yes, please give details: \_\_\_\_\_

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Do you have any condition that may affect your ability to effectively carry out the functions and responsibilities of the position applied for or impact on the employer, its business or staff?

Yes  No

If yes, please give details: \_\_\_\_\_

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How many days absence in your last 12 months of employment were due to sickness, injury and/or accident? (please circle)

0 – 2

3 – 5

6 – 10

11 – 15

16 – 20

over 20 days

In your past employment have you been exposed to:

Yes

No

- |                       |                          |                          |
|-----------------------|--------------------------|--------------------------|
| • Noise               | <input type="checkbox"/> | <input type="checkbox"/> |
| • Asbestos            | <input type="checkbox"/> | <input type="checkbox"/> |
| • Heavy metals        | <input type="checkbox"/> | <input type="checkbox"/> |
| • Solvents            | <input type="checkbox"/> | <input type="checkbox"/> |
| • Skin irritants      | <input type="checkbox"/> | <input type="checkbox"/> |
| • Infectious material | <input type="checkbox"/> | <input type="checkbox"/> |

If yes, please give details: \_\_\_\_\_

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## REFEREES

Please give details of at least three referees from previous employment; please include at least one where the person was a colleague rather than a person who you reported to.

1. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number(s):

Work: \_\_\_\_\_ Home: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Occupation/Position Held: \_\_\_\_\_

2. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number(s):

Work: \_\_\_\_\_ Home: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Occupation/Position Held: \_\_\_\_\_

3. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number(s):

Work: \_\_\_\_\_ Home: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Occupation/Position Held: \_\_\_\_\_

I consent to Woodford House seeking verbal or written information about me from my previous employers and/or referees and authorise the information sought to be released.

Yes

No

If yes, please sign below:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Attachments

Please list below all documents furnished with this application form: e.g. full C.V., copies of degrees, diplomas, driver's licence / passport etc.

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## Applicant to take Responsibility

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### Agreement

I agree and accept that by undertaking certain tasks appointed by the employer that it does not constitute a job offer or the commencement of employment and I hereby accept that this is part of the job interview.

I declare that:

1. my answers in this application are true and not misleading; and
2. there is no further information that may be relevant that I have not told you about.

I acknowledge that:

1. if you employ me you are relying on the truth and completeness of my answers and therefore;
2. if, in the employer's opinion I have not answered truthfully and completely, you may terminate my employment immediately and without notice; and
3. a satisfactory Police Vet is a condition of employment at Woodford House.

### Statement of Privacy

In accordance with the provision and regulation of the Privacy Act 1993, I hereby give the Principal of Woodford House permission to contact my referees and/or the Principal of the schools in which I have taught and/or any other such person or agency, to gain such information as is required for the Principal to ascertain my suitability for appointment to a position at Woodford House.

### Declaration

I, \_\_\_\_\_ (full name) declare that to the best of my knowledge, the answers to the questions in this application are correct. I understand that if any false information is given, or any material fact suppressed, I may not be accepted, or if I am employed, I may be dismissed. I also understand that any false information given in the health portion of this form, may result in my loss of entitlement for any compensation from ACC (or, as applicable, under the Accident Insurance Act). I accept the Statement of Privacy as stated above.

\_\_\_\_\_  
Signed by the Applicant

\_\_\_\_\_  
Date