

Employment Application

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 2020, you are entitled to access this information upon request to the school's Privacy Officer, by emailing admin@woodford.school.nz and addressing your request to The Privacy Officer.

My signature below is acceptance of the above.

Dated: ____ / ____ / ____

Signed: _____

Name: _____

Employment Application

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:

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

GENERAL

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

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.

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

Yes

No

If yes, please provide details _____

Do you have a current driver's licence?

Yes

No

If yes, what class(es): _____ Licence No.: _____

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: _____

Have you claimed accident compensation in the last 12 months?

Yes

No

If yes, please give details: _____

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: _____

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: _____

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: _____

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

Applicant to take Responsibility

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 2020, 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