



# TAITA COLLEGE APPLICATION FOR EMPLOYMENT

Current Date: \_\_\_\_\_ Position applied for: \_\_\_\_\_

Where and when advertised: \_\_\_\_\_

## Section 1 Personal Information

1. First Name(s) \_\_\_\_\_ Family Name: \_\_\_\_\_  
Mr/Mrs/Miss/Ms (please circle preferred title)
2. Residential address: \_\_\_\_\_  
\_\_\_\_\_  
Email: \_\_\_\_\_  
Phone No: \_\_\_\_\_ Mobile No: \_\_\_\_\_
3. Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Marital Status: \_\_\_\_\_  
(optional) (optional)

## Section 2 Employment History

1. Have you previously been employed by a secondary school or other educational provider.  
Yes  No
2. Please provide details of employment (both voluntary and paid) up to last 5 positions held:
  - (a) Employer \_\_\_\_\_  
Address \_\_\_\_\_  
Length of service: from \_\_\_\_\_ to \_\_\_\_\_  
Position held \_\_\_\_\_  
Nature of work \_\_\_\_\_  
Reason for leaving \_\_\_\_\_
  - (b) Employer \_\_\_\_\_  
Address \_\_\_\_\_  
Length of service: from \_\_\_\_\_ to \_\_\_\_\_  
Position held \_\_\_\_\_  
Nature of work \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

**Section 2 Employment History (continued)**

- (c) Employer  
Address \_\_\_\_\_  
Length of service: from \_\_\_\_\_ to \_\_\_\_\_  
Position held \_\_\_\_\_  
Nature of work \_\_\_\_\_  
Reason for leaving \_\_\_\_\_
- (d) Employer  
Address \_\_\_\_\_  
Length of service: from \_\_\_\_\_ to \_\_\_\_\_  
Position held \_\_\_\_\_  
Nature of work \_\_\_\_\_  
Reason for leaving \_\_\_\_\_
- (e) Employer  
Address \_\_\_\_\_  
Length of service: from \_\_\_\_\_ to \_\_\_\_\_  
Position held \_\_\_\_\_  
Nature of work \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

Details of any periods when not in employment, education or training:

- From \_\_\_\_\_ to \_\_\_\_\_  
Details: \_\_\_\_\_
- From \_\_\_\_\_ to \_\_\_\_\_  
Details: \_\_\_\_\_

**Section 3 Qualifications**

Please provide relevant academic or vocational qualifications.

- 1. Qualification \_\_\_\_\_ Date received \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Awarding body or institution \_\_\_\_\_
- 2. Qualification \_\_\_\_\_ Date received \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Awarding body or institution \_\_\_\_\_
- 3.. Qualification \_\_\_\_\_ Date received \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Awarding body or institution \_\_\_\_\_

### Section 3 Referees

Please give details of two referees who you authorise us to contact. One referee should be work related and the second may be personal.

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

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

Phone Number: (home) \_\_\_\_\_ (work) \_\_\_\_\_

Occupation/Position held: \_\_\_\_\_

Relationship with candidate: \_\_\_\_\_

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

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

Phone Number: \_\_\_\_\_

Occupation/Position held: \_\_\_\_\_

Relationship with candidate: \_\_\_\_\_

3. Do you give your consent for any relevant information relating to this position to be obtained from named referees or current/previous employers?  Yes  No

4. Have you been convicted of a criminal offence, which is not eligible to be concealed under the Criminal Records (Clean Slate) Act 2004?  Yes  No

If "yes" please attach a statement of details to this form.

5. Do you give your consent to undertake a Criminal Conviction History Check or Police Vet, using the required forms?  Yes  No

6. Do you have any previous employment or professional disciplinary history that could be relevant to child safety?  Yes  No

7. Are you a New Zealand citizen?  Yes  No

8. If "no" to question 7, do you have the legal right to work in New Zealand, either through Permanent Residence or a valid work permit?  Yes  No

(Evidence will be required if you are called to an interview)

**This position is subject to the requirements of the Vulnerable Children Act 2014.  
All successful applicants will be safety checked and police vetted.  
(Applicants will not be able to commence employment until both checks are completed)**

**Section 4 Health**

**Please answer all questions**

1. Do you have any chronic medical condition that the college needs to know about (eg diabetes, hearing impairment, heart condition, allergies)?

If “yes”, please provide details of the condition and current treatment/medication.

---

---

---

2. Have you ever suffered from any overuse injuries eg RSI, OOS (includes tendonitis, carpal tunnel, tennis elbow) back injuries or back strain?

Yes  No

3. Are there any health or safety provisions we need to make on your behalf to be a good employer?

---

---

---

**Please note that Taita College  
is a smokefree site at all times and in all circumstances.**

**Section 5 Additional Information**

Please attach any additional information that you consider may assist your application in a statement or a Curriculum Vitae.

**Section 6      Official Information Act Requirements**

**Collecting and Holding Personal Information**

The information you provide in this application will be held by Taita College.

**Purpose**

The information is for the purpose of assessing your suitability for employment and the schools obligations to fulfil legislative requirements such as EEO and ACC. If your application is successful it will be retained in your personnel file. If unsuccessful it will be destroyed within one month of appointment of the successful applicant.

**Access to this Information**

You have a right of access to personal information held about you.

**Section 7      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 appointed, or if I am employed, I may be dismissed. I also understand that any false information given in Section 5, Health, may result in my loss of entitlement for any compensation from ACC (or, as applicable, under the Accident Insurance Act).

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