



Mount Albert Grammar School

Application for Employment

Thank you for applying for a position within our school.

Please fully complete this form and send it along with a covering letter and your CV to Sarah Hayes, (shayes@mags.school.nz)

Position applied for: _____

Personal Information

Title: Mr Mrs Ms Miss Other (please specify) _____
Please circle one

Full name: _____
Surname _____ First name(s) _____

Address: _____

Telephone: _____
Private _____ Work _____

Mobile _____

Email: _____
Private _____ Work _____

Nationality/ Citizenship: _____ **Date of Birth:** _____

Are you legally entitled to work in New Zealand? Please tick one Yes No

If yes (and you are not a NZ citizen), please attach evidence of eligibility to work in New Zealand (e.g. copy of residence permit, work permit).

NZ Teacher Registration (Teaching Positions Only)

Registration No.

Registration Status

Registration Expiry Date

MOE No., if known

Have you ever had your Teacher Registration cancelled, been deregistered or had conditions imposed or been refused Teacher Registration in NZ or Overseas

Yes No

Educational Qualifications

Last secondary level

Qualification

(Non-teaching Positions Only): _____

Tertiary level

qualifications:

Other relevant

qualifications:

Specialist

teaching subjects:

(Teaching Positions Only): _____

Employment History

Please outline most recent employment history, beginning with current or latest employment.

Are you currently or have you ever been under disciplinary or competence procedures in any previous positions?

Yes No

For the purposes of compliance with the Privacy Act 1993, do you consent to the school contacting your present employer for the purpose of reference checking? Yes No

Medical/Health Information

Have you had any injury or illness that may affect your ability to effectively carry out the duties and responsibilities of this position? If yes, please describe:

Yes No

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

Do you have any other known conditions that may affect your ability to carry out the duties and responsibilities outlined in the job description?

Yes No

Offences against the Law

Have you ever been convicted of any criminal offence?

Yes No

If yes, please provide the date and details of the offence and any penalty imposed, together with any comments you may wish to make.

Are you awaiting sentencing or do you currently have charges pending? Yes No

If yes, please state the nature of the conviction/cases pending:

Referees

Please provide the names and contact details for three (3) referees, one of whom is your current supervisor. At least one of your referees 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 these references.

Referee 1

Name: _____

Address: _____

Telephone: _____
Private _____ *Business* _____

Mobile

Email: _____
Private _____ *Business* _____

Relationship to Applicant: _____

Referee 2

Name: _____

Address: _____

Telephone: _____
Private _____ *Business* _____

Mobile

Email: _____
Private _____ *Business* _____

Relationship to Applicant: _____

Referee 3

Name: _____

Address: _____

Telephone: _____
Private _____ *Business* _____

Mobile

Email: _____
Private _____ *Business* _____

Relationship to Applicant: _____

Declaration

Part A

I, _____ (full name) consent to Mount Albert Grammar School seeking verbal or written information on a confidential basis about me from my former employers and/or referees, and authorise the information sought to be released to the Board of Trustees of Mount Albert Grammar School or its delegatee, for the purpose of ascertaining my suitability for the position for which I am applying. I understand that the information received by the school is supplied in confidence as evaluative material and will not be disclosed to me.

Part B

I, _____ (full name) consent to Board of Trustees of Mount Albert Grammar School or its delegatee to make any reasonable enquiries concerning my background to assist in assessing my suitability for the position for which I am applying.

Part C

I, _____ (full name) declare that to the best of my knowledge and belief the information provided in this application, and in any curriculum vitae enclosed, is accurate. I understand that if any false or misleading information is given or any material fact is suppressed or deliberately omitted, I will not be employed, or if I am employed, my employment will be terminated. I also understand that any false information given in relation to my health history with regard to gradual process, disease or infection can result in my loss of entitlement for any compensation from ACC or the school's workplace insurer.

Signature

Date