

Waikato Diocesan School for Girls Employment Application Form



Instructions for Applicants:

The information provided by you in this application form is for the purpose of assessing your suitability for employment for the advertised position. **Please ensure that you complete all sections in full and do not write “refer to CV”** as we need all of this information to process your application. **A criminal check is part of our on-boarding requirements, and must be completed to be successful in an application. Please bring with you to your interview, two forms of photo identification.**

Position applied for:

This form is to be personally completed and signed by you. Please ensure all sections are completed.

Please attach the following to this application form:

- Your current Curriculum Vitae and a Covering Letter.
- Scanned copies of any qualifications that are essential for the position that you are applying for (please do not include any original documents).

1. Personal Information

| | |
|---|---|
| First Names: <input style="width: 90%;" type="text"/> | Surname: <input style="width: 90%;" type="text"/> |
| Are you known by another name? <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, what other names are you known by? <input style="width: 80%;" type="text"/> |
| First Names: <input style="width: 90%;" type="text"/> | Surname: <input style="width: 90%;" type="text"/> |
| Residential Address: <input style="width: 90%;" type="text"/> | Phone: Home: <input style="width: 80%;" type="text"/> |
| Postal Address: <input style="width: 90%;" type="text"/> | Work: <input style="width: 80%;" type="text"/> |
| Email: <input style="width: 90%;" type="text"/> | Mobile: <input style="width: 80%;" type="text"/> |
| Date of Birth: <i>(Optional)</i> <input style="width: 80%;" type="text"/> | |

2. Education / Qualifications

(Where appropriate, you will be required to produce the original qualification documents.)

| Name of School/Technical Institute/University <i>(As relevant for role)</i> | Date From | Date To | Qualifications Obtained |
|--|--|--|--|
| <input style="width: 95%;" type="text"/> | <input style="width: 80%;" type="text"/> | <input style="width: 80%;" type="text"/> | <input style="width: 95%;" type="text"/> |
| <input style="width: 95%;" type="text"/> | <input style="width: 80%;" type="text"/> | <input style="width: 80%;" type="text"/> | <input style="width: 95%;" type="text"/> |
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| <input style="width: 95%;" type="text"/> | <input style="width: 80%;" type="text"/> | <input style="width: 80%;" type="text"/> | <input style="width: 95%;" type="text"/> |

Can you hold an everyday conversation in a language other than English? Yes No

If yes, give brief details:

3. Recent Employment History (Please start with your current or most recent position and complete this section in full.)

Name of Employer:

Nature/Type of Business:

Address:

Position Held:

Brief description of position dimensions and key achievements:

Length of Service:

From:

To:

Reason for Leaving:

Indicative salary/remuneration expectations

Name of Employer:

Nature/Type of Business:

Address:

Position Held:

Brief description of position dimensions and key achievements:

Length of Service:

From:

To:

Reason for Leaving:

Name of Employer:

Nature/Type of Business:

Address:

Position Held:

Brief description of position dimensions and key achievements:

Length of Service:

From:

To:

Reason for Leaving:

Name of Employer:

Nature/Type of Business:

Address:

Position Held:

Brief description of position dimensions and key achievements:

Length of Service:

From:

To:

Reason for Leaving:

4. Referees

We will not make contact with your referees without discussing this with you first.

(Please provide the names and contact phone numbers of recent work related referees, where there has been a direct relationship (i.e. a manager that you have reported to, a colleague that you have worked with, and at least two staff members that you have managed, if applicable.)

| Name | Occupation/Job Title | Company Name | Relationship to you (e.g. Manager, colleague, direct report) | Phone Number (Day/Mobile & Evening) |
|----------------------|----------------------|----------------------|--|-------------------------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

For the purpose of compliance with the Privacy Act 2020, do you consent to Waikato Diocesan School for Girls seeking verbal or written information on a confidential basis about yourself from the referees listed above, and authorise the information sought to be released by them to us for the purposes of ascertaining your suitability for the position you are applying for? Do you understand that the information received by us is supplied in confidence as evaluative material, and will not be disclosed to you?

Yes No If yes, signature: Date:

5. Resident Status

Are you a citizen of New Zealand? Yes No

If yes, can you produce evidence if required? Yes No

If no, do you have the right of permanent residence or a work permit? (It will be necessary to produce your passport and associated documentation for verification) Yes No

If you have a work permit, what is the expiry date? / /

Are you an assisted immigrant under bond to the NZ Government or any other employer? Yes No

If yes, do you have authority to accept other employment? Yes No

6. Medical (Tick box which applies and provide details where required.)

Do you have any condition that may affect your ability to effectively carry out the functions and responsibilities of the position applied for? Yes No

Approximately how many days have you been absent from work in the last 12 months, other than for annual leave and public holidays?

7. General

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

If yes, Number Learner Restricted Full

Classes held: Any demerit points? Yes No

Has your licence ever been endorsed? Yes No

If yes, give brief details:

Do you have any cases pending which would affect your licence? Yes No

Have you ever been convicted of a criminal offence? Yes No

If yes, give brief details:

Are you currently awaiting the hearing of charges in a civil or criminal court of law? Yes No

If yes, give brief details:

How did you find out about this position?

| | | |
|--------------------------|---------------|-----------------|
| <input type="checkbox"/> | website | Please specify? |
| <input type="checkbox"/> | newspaper | |
| <input type="checkbox"/> | word of mouth | |
| <input type="checkbox"/> | other | |

Do you have secondary employment? Yes No

If yes, give brief details:

Do you have a spouse, partner, relative or household member working here or elsewhere in the education sector? Yes No

If yes, give brief details:

8. Commencement / Notice Period

If your application is successful, when could you start work?

9. Declaration

I, (full name)

declare that, to the best of my knowledge, the answers that I have provided to the questions in this application form are correct and I understand that if any false or deliberately misleading information is given or any material fact suppressed, I will not be accepted for employment. If such information or fact is discovered after I have been employed, my employment will be terminated. I also understand that any false information given in relation to my medical history may result in my loss of entitlement for any compensation from ACC.

Signature: Date:

Please email this form to: hr@wdschool.nz

Alternatively, send it to: Waikato Diocesan School for Girls
Attention: People & Culture Manager
Private Bag 3051
Hamilton 3240