

Application Form

Flexible Learning Room Teacher

**Permanent, BOT funded, full time or part time position
from the start of the 2019 school year**

EMPLOYMENT APPLICATION FORM

Please complete the enclosed employment application form. The application form is a source of information which will be used by the Board to assist it in considering suitability for the position for which you are applying. Failure to supply the information requested would prejudice the Board's ability to accurately assess your suitability.

During the appointment process you are entitled to access this information upon request from the school. Following completion of this appointment, information relating to the successful applicant shall form part of the school's personnel records and will be held at the school premises.

Information relating to unsuccessful applicants will be destroyed upon finalisation of the appointment. The above information is provided in accordance with the Privacy Act 1993.

**Position/s Applying For: Flexible Learning Room Teacher -
Permanent, BOT funded, full or part time position from the start of the 2019 school year.**

Personal Information

Surname:	Preferred form of address - optional				
	Mr	Mrs	Ms	Miss	Dr
Christian names:	Telephone:				
	Private		Mobile		
Address:	Fax:				
	Email:				
Are you legally entitled to work in New Zealand?					
Yes					No
Where appropriate, please attach evidence of eligibility to work in New Zealand.					

Teacher Registration Number:	Expiry date:
Please attach photocopied evidence of current teacher registration.	

Teaching Qualifications

	Institution	Year Awarded
Trained Teacher's Certificate		
Diploma of Teaching		
Undergraduate degree		
Postgraduate Qualification		
Other Academic Qualifications		

Current Employment

Position Held:

Year Appointed:

School:

Grade/Roll:

Location:

Total length of certificated service:

Years

For the purposes of compliance with the Privacy Act 1993, do you consent to the school contacting your present employer for the purposes of reference checking?

Yes

No

Health

Do you have any known condition that may affect your ability to efficiently carry out the functions and responsibilities of the position applied for?

If, **YES**, please specify: _____

Yes

No

This school has a No Smoking policy

- are you prepared to abide by this?

Yes

No

Convictions against the Law

Have you ever been convicted of any criminal offence (other than a minor traffic offence)?

Yes

No

If, **YES**, please give details and note that you may be asked to provide a copy of the relevant court records.

Are you currently awaiting the hearing of any charges?

Yes

No

Please Note:

- The Board reserves the right to contact authorities to verify any claim made.
- Any offers of employment will be subject to a successful police vet.

Referees

Please provide names, addresses and contact number of three (3) referees, one of whom is a current or previous employing BOT member and/or Principal who can attest to your professional skills.

	1	2	3
Name			
Position			
Address			
Telephone Numbers	(Home) (Work) (Mobile) (Email)	(Home) (Work) (Mobile) (Email)	(Home) (Work) (Mobile) (Email)
Capacity in which you have known this person.			

I consent to the school seeking verbal or written information on a confidential basis about me from representatives of my previous employers and/or referees and authorise the information sought to be released to the school for the purposes 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.

Applicant's Signature: _____

Date: _____

Declaration

I (full name) declare that to the best of my knowledge the information provided in this application and in my curriculum vitae enclosed, is accurate and I understand that if any false or misleading information is given, or any material fact suppressed, 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 medical history with regards to gradual process, disease or infection, can result in my loss of entitlement for any compensation from ACC.

Applicant's Signature: _____

Date: _____

Please email application to: trb@lincoln.school.nz