



# WELLINGTON GIRLS' COLLEGE APPLICATION FOR EMPLOYMENT

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

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

Teacher Registration Status: (Please circle) Provisional STC Full LAT Other .....

Expiry date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## 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 \_\_\_\_/\_\_\_\_/\_\_\_\_

**Section 4 Referees**

Please give details of three referees who you authorise us to contact. Two referees should be teaching related and the second may be work or 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. 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.**

## **Section 5 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.

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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?

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**Please note that Wellington Girls’ College  
is a Smoke-Free site at all times and in all circumstances.**

**Section 6 Additional Information**

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

**Section 7 Official Information Act Requirements**

**Collecting and Holding Personal Information**

The information you provide in this application will be held by Wellington Girls' 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 8 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: \_\_\_\_\_

## Proof of Identity

The Proof of Identity referee will certify the applicant's identity by completing this section of the form. The applicant is required to provide certified copies of the identification documents with application.

	Please confirm that you are one of the following (Tick one)	Teacher Registration number (if applicable)
	School Principal	
	ECE Centre Manager	
	Justice of the Peace	
	Court House	

Name of Applicant (print full name): \_\_\_\_\_

Tick the two forms of identification presented to you in person. The applicant must be the presenter of the documents. One form of identification must be from Category A and one must be from Category B – refer to the table below. At least one of the acceptable forms of identification documents must be photographic.

Category A	Tick	Category B	Tick
New Zealand Passport		New Zealand Driver's Licence	
A New Zealand Certificate of Identity issued under the Passports Act 1992 to non-New Zealand citizens who cannot obtain a passport from their country of origin.		18+ Card (must be current)	
New Zealand certificate of Identity (issued to people who have refugee status)		Community Services Card	
New Zealand Refugee Travel document		Super Gold Card	
Emergency Travel Document		Veteran Super	
New Zealand Firearms Licence		Inland Revenue Number	
Overseas Passport (with or without) New Zealand Immigration Visa/Permit)		Electoral Roll Records	
New Zealand Full Birth Certificate issued on or after 1998		New Zealand issued utility bill, issued not more than 6 months earlier	
New Zealand Citizenship Certificate			

Identification documents presented to you in person by the applicant must be from the list in the above table (one document from Category A and one document from Category B). The documents must be certified originals, current and not expired and issued by an authorised agency. If applicable, where names or other identity information on either identification documents (Category A and B) differ, please confirm you have sighted acceptable evidence (e.g. a marriage certificate or a statutory declaration). Please provide details of the spaces below about the identification documents you have verified.

	Document name	Document number	Issue date (if applicable)	Expiry date (if applicable)
Category A				
Category B				
Name change (if applicable)				

Name of identity referee (PRINT full name): \_\_\_\_\_

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

Contact number: \_\_\_\_\_

I declare that (Identity Referee please tick):

- I have sighted two verified forms of identification (one from Category A and one from Category B)
- I verify that the person in the photo is the person whose name is printed below
- Name change: I have sighted evidence of the name change (if applicable)

Identity referee's signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_