



**DIOCESAN SCHOOL  
FOR GIRLS**

## **APPLICATION FOR EMPLOYMENT**

**Teaching staff**

**CONFIDENTIAL (To be completed personally by the applicant)**

**Name:** .....

**Position Applied for:** .....

**Date of Application:** .....

### **PURPOSE:**

This information is collected for the purpose of assessing your suitability for employment at Diocesan School for Girls, which may include changes in position within the School.

#### **Note:**

- The completion of this form does not indicate that there is any obligation on Diocesan School for Girls to engage the applicant.
- The information you provide on this application for employment form will be held at Diocesan School for Girls.
- Where the information provided is deemed to be irrelevant for the position, the information provided shall not be considered by Diocesan School for Girls for your application.
- You have a right of access to personal information and to seek any correction you think necessary to ensure accuracy.
- If you fail to answer any of the questions on this form you may lessen your chances of gaining employment with Diocesan School for Girls.

Please return your completed application to:

Diocesan School for Girls  
Human Resources Advisor  
Clyde Street  
Epsom  
Auckland 1051  
New Zealand

Tel: +64 9 520 0221  
Fax: +64 9 520 9346

<b>YOUR NAME (IN BLOCK LETTERS)</b>	Family Name .....  Given names ..... <i>(underline name used)</i>  How do you like to be addressed? ..... <i>(Dr, Mr, Mrs, Miss, Ms)</i>  If you are known by any other name(s) please give details. .....  Previous Surname..... <i>(if used in teaching)</i>
<b>YOUR CONTACT ADDRESS AND TELEPHONE</b>	Contact address:..... ..... Home phone number:..... Other number (if any)..... Email:.....
<b>EMERGENCY CONTACT</b>	Name..... Address..... ..... Telephone: Day..... Telephone: Evening .....
<b>LEGAL WORK STATUS</b>	Are you legally entitled to work in New Zealand? <b>Yes/No</b>
<b>CLASSIFICATION</b>	A New Zealand Registered Teacher: <b>Yes/No</b> Registration Number .....

**QUALIFICATIONS** *Complete only if not outlined in CV (use a separate sheet if necessary)*

Verification of Qualifications will be required.

<b>Certificates, Degrees, Diplomas or other relevant Qualifications</b>	<b>Subjects or Papers passed and levels</b>	<b>Date / Year Completed</b>

**PRESENT EMPLOYMENT**

Current Position:.....

**TEACHING SERVICE DETAILS**

*Complete in date order (use a separate sheet if necessary) only if not outlined in CV.*

<b>Position</b>	<b>School</b>	<b>Principal subjects and levels taught</b>	<b>Duties commenced</b>	<b>Duties ceased</b>

**LANGUAGES**

Can you speak any language other than English? .....

**MEDICAL**

If applicable for the position, do you agree to undergo medical examination? **Yes / No**

Do you consent to undergo periodic, medical related assessments if applicable to the position? **Yes / No**

Have you had an injury or medical condition caused by gradual process, disease or infection that may be aggravated or further contributed to by the tasks of this position? **Yes / No**

If yes, please detail: .....

.....

Do you have any allergic reactions? **Yes / No**  
 If yes, please detail: .....

Do you have any existing medical conditions the School should be aware of in case of emergency? **Yes / No**  
 If yes, please detail: .....

**GENERAL**

Do you have a spouse, partner, relative, close friend or household member working for Diocesan School for Girls who will have a direct reporting relationship with you if you are selected for this position? **Yes / No**  
 If yes, who? .....

where? .....

Have you ever been convicted of any criminal offence against the law (apart from minor traffic convictions) not including any concealed under the Criminal Records (Clean Slate) Act 2004 or do you otherwise know of any reason why you should not be employed to work with Boards of Trustees, and/or in the school/education environment **Yes / No**

Are you awaiting the hearing of charges in a civil or criminal court of law that could be considered detrimental to your application for this position? **Yes / No**

*[Please note:*

- (a) You may be asked to provide a copy of the relevant Court record(s) obtainable from the Police.*
- (b) Failure to provide correct and true details of any conviction or reason for possible unsuitability may make you liable to dismissal from the employ of the Diocesan School for Girls Board of Governors should you be the successful applicant.]*

The Education Standards Act 2001 requires any person seeking a position in a school who is not a registered teacher or holder of a limited authority to teach to undergo a police vet. If requested, do you agree to undergo a police vet **Yes / No**

**EMPLOYMENT HISTORY**

Have you ever before worked for Diocesan School for Girls? **Yes / No**

If your application is successful when could you commence work? .....

**REFEREES**

Give name, organization and telephone numbers of at least three referees.

<b>NAME</b>	<b>NAME</b>	<b>NAME</b>
<b>POSITION</b>	<b>POSITION</b>	<b>POSITION</b>
<b>ORGANISATION</b>	<b>ORGANISATION</b>	<b>ORGANISATION</b>
<b>TELEPHONE</b>	<b>TELEPHONE</b>	<b>TELEPHONE</b>

I agree to the references / referees provided to the Diocesan School for Girls Board of Governors, in respect to my application for the position, being used for the purposes of considering my suitability for the position. I also agree that Diocesan School for Girls may make further verbal or written enquiry from the referees provided and from my previous employers.

**Signature**..... **Date**.....

Do you consent to Diocesan School for Girls retaining the information contained in this application form for the purposes of considering your suitability for any other position, which may arise within the School in the future? **Yes / No**

**DECLARATION**

I,.....(full name) declare that to the best of my knowledge the answers in this application are correct and I understand that if any false or deliberately misleading information is given, or material fact suppressed, I will not be accepted, or if I am employed my employment may be terminated.

I also understand that any false information given in relation to my medical history with regards to gradual process, disease or infection may result in loss of entitlement for any compensation from ACC or the Board's accident insurer.

**Signature**..... **Date**.....