

# Michael Park School

## Michael Park Kindergarten

Application Form for Teaching Staff Position



**Michael Park School**  
Relate Create Inspire

[www.michaelpark.school.nz](http://www.michaelpark.school.nz)

**Please note:**

This is a confidential document. Its contents will be held by the school and disclosed only to those assisting with the appointment process. At the conclusion of the appointments process, this application:

- Will be destroyed if the applicant is unsuccessful
- Will be held on the confidential personnel file of the successful candidate

JOB DETAILS	
Vacancy as advertised	
Closing Date	

PERSONAL DETAILS	
Name: _____	Title: _____
Full Postal Address: _____ _____	Home Ph: _____
	Work Ph: _____
	Mobile Ph: _____
Email: _____	

CITIZENSHIP / RIGHT TO WORK (If applicable please attach a photocopy of the visa with your application)	
Are you a New Zealand citizen?	<input type="checkbox"/> Yes <input type="checkbox"/> No – go to next question
Do you have Permanent Residence status?	<input type="checkbox"/> Yes <input type="checkbox"/> No – go to next question
Do you have a current Work Permit?	<input type="checkbox"/> Yes <input type="checkbox"/> No – you may not be eligible to be employed in New Zealand
	Visa Type: _____ Visa Number: _____

NEW ZEALAND PRACTISING CERTIFICATE <a href="http://www.educationcouncil.org.nz">www.educationcouncil.org.nz</a>	
Teacher Practising Certificate Number	_____
Teacher Practising Certificate Expiry	_____
Certificate Status	<input type="checkbox"/> Full <input type="checkbox"/> Provisional <input type="checkbox"/> Subject to Confirmation

PRESENT EMPLOYMENT	
Present Employer: _____	Work Ph: _____
Address: _____ _____	Other Ph: _____
	Subjects and Year Levels Taught _____
Position Held: _____	Date Commenced: _____

EMPLOYMENT HISTORY (continue on separate sheet if necessary)				
POSITION HELD	ORGANISATION	ADDRESS OF ORGANISATION	Date From	Date To

**RELEVANT QUALIFICATIONS / CERTIFICATES - include teacher training**

Institution Attended	Year/s	Qualifications / Certificate Attained	Date Awarded

**SUBJECTS TAUGHT**

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**REFEREES:**  
 At least one of these 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.

①	Name: _____ Address: _____ _____ _____ Email: _____	Home Ph: _____ Work Ph: _____ Mobile Ph: _____ Relationship to Applicant: _____
②	Name: _____ Address: _____ _____ _____ Email _____	Home Ph: _____ Work Ph: _____ Mobile Ph: _____ Relationship to Applicant: _____
③	Name: _____ Address: _____ _____ _____ Email: _____	Home Ph: _____ Work Ph: _____ Mobile Ph: _____ Relationship to Applicant: _____

**PROFESSIONAL MEMBERSHIPS**


**OTHER INFORMATION**

Have you had an injury or medical condition caused by gradual process, disease or infection – for example hearing loss, occupational overuse syndrome – which the tasks of this job may aggravate or contribute to?

Yes       No If yes, please give details of the injury/condition below. How is your performance likely to be affected?


Do you have a current New Zealand drivers licence?       Yes       No      Number:

Do you have a current First Aid certificate?       Yes       No      Issuing Organisation:

**CRIMINAL CONVICTIONS**

**NOTE:** The Michael Park School Board of Trustees requires you to disclose all convictions unless they are covered by the Criminal Records (Clean Slate) Act 2004.

**WHAT MUST YOU DISCLOSE?**

You must declare all of your convictions in the table below if you have:

- been convicted of an offence within the last 7 years; **or**
- been sentenced to a custodial sentence (e.g. imprisonment, corrective training); **or**
- been ordered by a Court during a criminal case to be detained in a hospital due to your mental condition, instead of being sentenced; **or**
- been convicted of a 'specified offence' (e.g. sexual offending against children and young people or the mentally impaired); **or**
- not paid in full any fine, reparation or costs ordered by the Court in a criminal case; **or**
- been indefinitely disqualified from driving under section 65 of the Land Transport Act 1998 or earlier equivalent provision.

**PLEASE ANSWER THE FOLLOWING BASED ON THE ABOVE CRITERIA. TICK ONE BOX ONLY:**

- No, none of the above criteria applies to me or I have no convictions, am awaiting sentencing or have charges pending  
*Go to the next section*
- Yes, at least one of the criteria applies and I will disclose my criminal convictions in the table below: *Disclosure of Criminal Convictions*

**DISCLOSURE OF CRIMINAL CONVICTIONS**

Offence	Year Committed	Details of Fine/PD/Supervision/Imprisonment

**PRIVACY ACT 1993**

This application is submitted with the understanding that any further information given is for the use of the employer and their authorised representatives who may at any time have access to this information.

Furthermore consent is given for members of the Michael ark School Board of Trustees or nominated representative to make enquiries of my present or past employers or colleagues or any other person who may assist in establishing my suitability for appointment to the position.

**Applicant's Signature:**

**Date:**

## EVIDENCE OF IDENTITY

Please attach to your application two forms of identification as detailed below. If short listed, please bring originals with you so that these can be sighted.

Primary Identification Document

This includes NZ passport, overseas passport, NZ emergency travel document, NZ refugee's travel document, NZ certificate of identity, NZ firearms licence, NZ full birth certificate (issued on or after 1/1/1998 and must carry a unique ID number), NZ citizenship certificate

Secondary Identification Document

This includes NZ drivers licence, 18+ card, Community Services Card, SuperGold/Veteran SuperGold card, NZ student photo identification card, NZ employee photo identification card, NZ electoral roll record, IRD number, NZ issued utility bill (issued not more than 6 months earlier)

One of the above must be photographic

## DECLARATION

I certify that:

- the information provided is correct and no relevant material/information has been omitted.
- I know of no reason why I would not be suitable to work with children/young people
- I understand that this information will be used for the purposes of processing this application and any review that may result from an appointment. Please note that if you give any incorrect or misleading information or have omitted any important information during the appointment process, you may be disqualified from consideration or, if appointed, be liable for dismissal.

I solemnly and sincerely declare that to the best of my knowledge and belief the information given in this application and in my CV is correct.

Applicant's Signature:

Date:

## OTHER INFORMATION TO BE SUBMITTED

- EEO Information (below)
- A formal letter of application
- CV
- Copies of Evidence of Identity Documentation

## EQUAL EMPLOYMENT OPPORTUNITY (EEO) STATISTICAL INFORMATION

To comply with the State Sector Act 1988, we are required to collect statistical information to monitor Equal Employment Opportunities. This information is voluntary and is gathered for statistical purposes only. **It will not form part of your application** for this position.

Please tick the appropriate boxes:

**Gender (Please specify)**

**Ethnicity**

- |   |   |
|---|---|
| <input type="checkbox"/> Māori  | <input type="checkbox"/> Pakeha/New Zealand European                |
| <input type="checkbox"/> Pasifika (Please specify) _____                              | <input type="checkbox"/> Asian (Please specify) _____               |
| <input type="checkbox"/> Other European (Please specify) _____                        | <input type="checkbox"/> Other ethnic origin (Please specify) _____ |
| <input type="checkbox"/> Middle Eastern/Latin American/African (Please specify) _____ |   |

**Disability**

The following is the *Recommended International Standard of Disability* used by the World Health Organisation:

'Activity is limited by a long-term condition or health problem that has lasted six months or more (or is expected to last six months or more).'

Do you consider yourself to be in this category?

- Yes                       No

