

**RIVERDALE SCHOOL**

**EMPLOYMENT APPLICATION FORM**

Position applied for Location Vacancy/Reference Number

| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| --- | --- | --- |

Tick one

| Mr ☐ | Mrs ☐ | Ms ☐ | Miss ☐ |  |  |
| --- | --- | --- | --- | --- | --- |
| Or other preferred title: Click or tap here to enter text. | |
|  |  | |
| Surname/  Family name | First names (in full) | |
|  |  | |
| Click or tap here to enter text. | Click or tap here to enter text. | |

Birth name (if applicable)

| Click or tap here to enter text. |
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Are you known by any other name(s)? (if yes please provide below) Yes ☐ No ☐

| Click or tap here to enter text. |
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Full postal address

| Click or tap here to enter text. |
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Email address

| Click or tap here to enter text. |
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Contact telephone numbers

| Personal:  Click or tap here to enter text. | Work:  Click or tap here to enter text. |
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***Identity Verification, Criminal Record and Right to Work***

Please tick the appropriate boxes:

| Immigration information  Are you a New Zealand citizen? Yes ☐ No ☐  If not, do you have resident status? Yes ☐ No ☐ |
| --- |
| Have you ever had a criminal conviction? Yes ☐ No ☐  If “Yes” please detail:  Click or tap here to enter text.  *(A board may not employ or engage a children’s worker who has been convicted of an offence specified in* [*Schedule 2 of the Children’s Act 2014*](http://www.legislation.govt.nz/act/public/2014/0040/latest/DLM5501909.html) *unless they have an exemption*. *The Clean Slate Act does not apply to Schedule 2 offences.)* |
| Have you ever received a police diversion for an offence? Yes ☐ No ☐  If “Yes”’ please detail:  Click or tap here to enter text. |
| Have you ever been discharged without conviction for an offence? Yes ☐ No ☐  If “Yes” please detail:  Click or tap here to enter text. |
| Do you have a current New Zealand driver’s licence? Yes ☐ No ☐ |
| Have you ever been convicted of a driving offence which resulted in Yes ☐ No ☐  temporary or permanent loss of licence, or imprisonment?  If “Yes”’ please detail:  Click or tap here to enter text. |
| Are you awaiting sentencing, or do you have charges pending? Yes ☐ No ☐  If “Yes”’ please state the nature of the conviction/cases pending:  Click or tap here to enter text. |
| In addition to other information provided are there any other factors Yes ☐ No ☐  that we should know to assess your suitability for appointment, your  suitability for work with children or your ability to do the job?  If “Yes”, please detail:  Click or tap here to enter text. |
| Have you ever been the subject of any concerns involving child safety? Yes ☐ No ☐  If “Yes” please detail:  Click or tap here to enter text. |
| Are you aware of any injury or medical condition that could impact Yes ☐ No ☐  on your ability to perform this job effectively?  If “Yes”, please detail  Click or tap here to enter text. |
| **For teaching/principal positions:**  Do you hold a current practising certificate from the Teaching Council Yes ☐ No ☐  of Aotearoa New Zealand?  Please enter your registration number: Click or tap here to enter text. |

***Educational Qualifications***

|  | **Name** | **Location** | **Number of years completed** | **Highest Qualification Gained** |
| --- | --- | --- | --- | --- |
| **Secondary School** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **University** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **Other** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| **Other** | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

***Employment History***

Please list your work experience for the last five years beginning with your most recent position. Please include months as well as years worked and explain any gaps in employment. If you were self-employed, give details.

| **Period worked**  **(please specify the start and end dates)**  **Start date End date** | | | **Employer’s name**  **(or reason for gap in employment)** | **Position held** | **Reason for leaving** |
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***Referees***

Please provide the names of three people who we can contact as referees for you. One of these should be your current or most recent employer. Please indicate which referee is your current/previous employer in the table below.

| **Name** | **Organisation** | **Position/**  **Relationship** | **Phone (preferred)** | **Email** |
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| I certify that:   * The information I have supplied in this application is true and correct. * I confirm, in the terms of the Privacy Act 2020, that I have authorised access to referees so any enquiries deemed appropriate for determining my suitability for employment can be made. * I know of no reason why I would not be suitable to work with children/young people. * I understand that if I have supplied incorrect or misleading information, or have omitted any important information, I may be disqualified from appointment, or if appointed, may be liable to be dismissed. |
| --- |

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Click or tap here to enter date.