



Application for Employment

Please complete this application form fully

Position applied for:	
College/Site:	
Title:	<input type="checkbox"/> Mr <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Other:
First Name(s):	
Last Name:	
Preferred Name(s):	
Phone:	
Email:	

Employment - CV should include work history for the previous five years

Most recent employer:			
Job title:		Hours:	
Dates employed from:		to:	
Period of notice required:			
Description of responsibilities:			
Reason for seeking a change:			

Qualifications - unless stated on C.V.

Training/Qualification	Place of Study	Completion Year
Qualifications partially completed:		

Personal Information

Do you have any injury or medical condition(s) or is there anything else which may affect your ability to carry out the duties and responsibilities associated with this position or affect your attendance at work?

No Yes If Yes, please give details:

Are you on any medication which may affect your performance in the position that you have applied for?

No Yes If Yes, please give details:

Should you be appointed, would you require any specific equipment and/or particular environment/location etc. to undertake the functions and responsibilities of the role?

No Yes If Yes, please give details:

Criminal Charges and Convictions

Convictions under the Clean Slate Act do not need to be disclosed

Have you ever been convicted of a criminal offence? (this includes DIC - Drunk in Charge)

No Yes If Yes, please give details:

Do you have any criminal charges pending?

No Yes If Yes, please give details:

Note: Due to the nature of our business and our contract requirements, all potential and current employees are required to undergo Police vetting. Applicants are required to complete a "Police Vetting Request and Consent Form"

Driver Licence

Current driver licence: Full licence (class 1 car) Restricted licence Learner licence None

Is there any matter pending which could affect the status of your driver licence?

No Yes If Yes, please give details:

Do you have confidence in driving a car or van with students/clients?

No Yes

Referees – unless stated on C.V.

1.	Name:	Phone:	
	Relationship:	Email:	
2.	Name:	Phone:	
	Relationship:	Email:	
3.	Name:	Phone:	
	Relationship:	Email:	

Do you agree to confidential enquiries being made to the following people as to the accuracy of information contained in your application and any other matter relating to your suitability for employment? – Please note that as this information is regarded as evaluative under the Privacy Act it will be kept confidential and will not be released to you

Referees (as listed above or C.V.): Yes No Present employer: Yes No Past employers: Yes No

Are you legally entitled to work in New Zealand?

No Yes Citizen Resident Work Visa - Expiry date:

Information for the Applicant

The information you have provided in your application will be used for the purpose of assessing your suitability for employment with us. If you are not successful with this application your information will be destroyed. If appointed you will be required to produce evidence of your qualifications, your entitlement to work in New Zealand and driver licence (if applicable). Details of your qualifications, work experience and personal interests may be provided to organisations with which the College contracts the provision of training and accrediting authorities.

Declaration

I....., confirm to the best of my knowledge, the information and any documents provided to Community Colleges NZ Ltd are true and correct. I understand that should I have been found to misrepresent my identity, the status of my work visa, criminal history, qualifications, drivers licence or employment history at any stage of the employment process (i.e. application form, interview, induction or thereafter), and/or in the event an adverse Criminal vetting record is received, after consultation with me and careful consideration of the facts, any offer made will lapse and if employed my employment agreement may be terminated without notice.

Signature:

Date:

If completing this application online please tick this box to confirm you have read, understood and agreed with the above declaration in lieu of signature