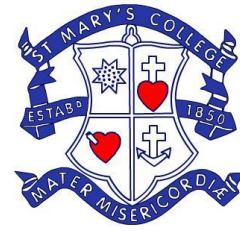


**St Mary's College**  
**Application for Appointment**  
**Non-teaching staff**



**Important Notes for Applicants:**

Thank you for applying for a position with our school. Please ensure you have a copy of the job description and person specifications before completing this application.

1. Please fully complete this form personally. Read it through first then answer all questions and make sure you sign and date where indicated on the last page.
2. Attach a curriculum vitae (CV) containing any additional information. If you include written references, please note that we may contact the writers of the references.
3. A list of of qualification certificates should be included. If successful in your application you may be required to provide originals as proof of qualifications.
4. If you are selected for an interview you may bring whanau/support people at your own expense. Please advise if this is your intention.
5. Failure to complete this application and answer all questions truthfully may result in any offer of employment being withdrawn or appointment being terminated if any information is later found to be false.
6. Shortlisted applicants will be asked to give consent to a police vet. It is a requirement in the Education Sector for all employees to be vetted.
7. This application form and supporting documents will be held by the school. You may access it in accordance with the provisions of the Privacy Act 1993.

If you have any queries, please contact the person cited in the advertisement.

**OFFICE USE ONLY:** This page must be retained on file as part of the application.

**APPLICATION FOR APPOINTMENT**

Position applied for

Date

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Please circle

Mr/Mrs/Ms/Miss

Surname/Family Name

First Names (in full)

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Full Postal Address

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Contact Telephone Number

Private:	Business:
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Date of Birth: .... / .... / ..... (optional)

Vehicle: Make and model .....

License plate: .....

**Emergency contact & Medical information**

Next of kin: .....

**Medical information**

Hospital/Clinic preference .....

Physician's name .....

Phone number: .....

Allergies: .....

Phone: Home:.....

Mobile:.....

Email: .....

Certificates, degrees, qualifications or equivalents and diplomas held:

Degrees, certificates & diplomas	Date	Subjects/papers passed	Levels

## Employment Details and History

What is your current position and the date of your appointment?

.....

Please outline most recent employment history, beginning with current or latest employment.

Period worked	Employer's Name	Position Held	Reason for Leaving

The position you have applied for requires specific knowledge, skills, attributes and personal characteristics. These are stated in the job description. The contact person cited in the advertisement can assist with any questions you might have.

Knowledge, skills, attributes and personal characteristics	Please outline below how you meet each of these attributes and abilities.

## Referees

Please provide the names of three people who could act as referees for you. At least one of these should be able to attest to your most recent 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.

Name	Contact Details (organisation and email)	Phone (cellphone preferred)	Relationship (e.g. employer/principal)

## Authority to approach other referees

I authorise the Board, or nominated representative, to approach persons other than the referees whose names I have supplied, to gather information related to my suitability for appointment to the position.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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Are you a New Zealand citizen?	Yes	No
If not, do you have a resident status, or	Yes <input type="checkbox"/>	No <input type="checkbox"/>
A current work permit?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Expiry Date: _____		
Have you ever had a criminal conviction?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(convictions that fall under the clean slate scheme do not have to be disclosed)		
If "Yes" please detail:		



<p>Have you been the subject of any concerns involving student safety? If "Yes" please detail:</p>	Yes <input type="checkbox"/>	No
<p>In addition to other information provided are there any other factors that we should know to assess your suitability for appointment and ability to do the job?  If "Yes", please elaborate:</p>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<p>Have you had any injury or medical condition caused by Gradual Process, disease or infection, such as Occupational Overuse Syndrome, stress or repetitive strain injuries, which the tasks of this job may aggravate or contribute to?  If "Yes" please detail:</p>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

I certify that:

- The information I have supplied in this application is true and correct.
- I confirm in terms of the Privacy Act 1993 that I have authorised access to referees.
- 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 \_\_\_\_\_

**Note: Please print, sign and scan. Attach to email with CV and introductory letter.**