## **Application Form for Non-Teaching Staff Position**

Vision: Enabling students to be confident, active, resilient learners

Values: Courage, compassion, curiosity, community

www.eggs.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 D  | DETAILS      |             |             | _          |  |                        |                  |                  |         |
| PENSONALL   | JETAILS —    |             |             |            |  |                        |                  |                  |         |
| Name:   |              |             |             |            | Tit  | le:                    |                  |                  |         |
| Full Postal<br>Address:   |              |             |             |            | Но   | ome Ph:                |                  |                  |         |
| -   |              |             |             |            |  | ork Ph:                |                  |                  |         |
| -   |              |             |             |            | M  | obile Ph:              |                  |                  |         |
| Email:  |              |             |             |            |  |                        |                  |                  |         |
|   |              |             |             |            |  |                        |                  |                  |         |
| CITIZENSHIP application)  | / RIGHT      | TO WORK     | (If applic  | able plea  | se attach  | a photocopy            | of the           | visa with        | your    |
| Are you a Nev   | v Zealand ci | tizen?      | □ Yes       |            |  | I                      | □ <b>No</b> – go | to next question |         |
| Do you have Permanent Residence status?    Yes                  |              |             |             |            | ı  | □ <b>No</b> -ga        | to next question |                  |         |
| Do you have a current Work Permit?  Yes Visa Type: Visa Number: |              |             |             |            | <ul><li>No – you may not be eligible to be<br/>employed in New Zealand</li></ul> |                        |                  |                  |         |
|   |              |             |             |            |  |                        |                  |                  |         |
| PRESENT EN  | IPLOYMEN     | Τ           |             |            |  |                        |                  |                  |         |
| Present<br>Employer:  |              |             |             |            | Work   | Ph:                    |                  |                  |         |
| Address:  |              |             |             |            | _<br>Other   | Dh·                    |                  |                  |         |
|   |              |             |             |            | _<br>Subjec  | cts and Year<br>Taught |                  |                  |         |
| Position Held:  |              |             |             |            | _  | Commenced:             |                  |                  |         |
|   |              |             |             |            |  |                        |                  |                  |         |
| EMPLOYME  | NT LUCTOR    | Y-leantinuo |             | - choot if | ······································   |                        |                  |                  |         |
| EMPLOYMEI POSITION  |              |             | on separat  | e sneet ii |  | SS OF ORGANISATI       | ON               | Date From        | Date To |
| r osinici.  | HLLD         |             | NOANIOATIO. |            | Applica  | 33 OF ORGANISA.        | 014              | Date 110m        | Date 10 |
|   |              |             |             |            |  |                        |                  |                  |         |
|   |              |             |             |            |  |                        |                  |                  |         |
|   |              |             |             |            |  |                        |                  |                  |         |
|   |              |             |             |            |  |                        |                  |                  |         |
|   |              |             |             |            |  |                        |                  |                  |         |

| KELE                 | ANT QUA     | LIFICATIONS / CERTI  | FICATES             |                          |                             |   |              |
|----------------------|-------------|--|---------------------|--------------------------|-----------------------------|---|--------------|
| Institution Attended |             | Year/s   | Qua                 | alifications / Certifica | ions / Certificate Attained |   |              |
|                      |             |  |                     |                          |                             |   |              |
|                      |             |  |                     | +                        |                             |   |              |
|                      |             |  |                     |                          |                             |   |              |
|                      |             |  |                     |                          |                             |   |              |
|                      |             |  |                     |                          |                             |   |              |
|                      |             |  |                     |                          |                             |   |              |
|                      |             |  |                     |                          |                             |   |              |
|                      | EREES:      |  |                     |                          |                             |   |              |
|                      |             | se should be able to attest t<br>ase note that we may contac |                     |                          | nave included written       | references from people other tha          | n those      |
| (1)                  |             | ,  |                     |                          | Lie ve Bl                   |   |              |
| )                    | Name:       |  |                     |                          | Home Ph:                    | -   |              |
|                      | Address:    |  |                     |                          | Work Ph:                    |   |              |
|                      |             |  |                     |                          | Mobile Ph:                  |   |              |
|                      |             |  |                     |                          | Relationshi<br>to Applican  | •   |              |
|                      |             |  |                     |                          |                             |   |              |
|                      | Email:      | -  |                     |                          | _                           |   |              |
| 2                    | Name:       |  |                     |                          | Home Ph:                    |   |              |
|                      | Name.       |  |                     |                          |                             |   |              |
|                      | Address:    |  |                     |                          | Work Ph:                    |   |              |
|                      |             |  |                     |                          | Mobile Ph:                  | -   |              |
|                      |             |  |                     |                          | Relationshi<br>to Applican  | •   |              |
|                      |             |  |                     |                          |                             |   |              |
|                      | Email       |  |                     |                          | _                           |   |              |
| 3                    | Name:       |  |                     |                          | Home Ph:                    |   |              |
|                      | Nume.       |  |                     |                          |                             |   |              |
|                      | Address:    |  |                     |                          | Work Ph:                    | -   |              |
|                      |             |  |                     |                          | Mobile Ph:                  |   |              |
|                      |             |  |                     |                          | Relationshi<br>to Applican  | •   |              |
|                      | e9          |  |                     |                          | _                           |   |              |
|                      | Email:      |  |                     |                          | _                           |   |              |
|                      |             |  |                     |                          |                             |   |              |
|                      | ER INFORI   |  |                     |                          |                             |   |              |
|                      |             | n injury or medical cond<br>eruse syndrome – whic            |                     |                          |                             | nfection – for example hear<br>ribute to? | ring loss,   |
|                      |             | 2. 2.00 0 j. 161 01110 William                               |                     | , i iiu y c              | .00. 4. 400 01 00110        |   |              |
|                      | Yes         | □ No If yes, please give                                     | e details of the in | jury/condit              | ion below. How is           | s your performance likely to              | be affected? |
|                      |             |  |                     |                          |                             |   |              |
|                      |             |  |                     |                          |                             |   |              |
|                      |             |  |                     |                          |                             |   |              |
|                      |             |  |                     |                          |                             |   |              |
| Dov                  | ou have a c | urrent Now 700land de  | vers licence?       | □ Yes                    | . No                        | Number:                                   |              |
| ро у                 | ou nave a C | urrent New Zealand dri                                       | יפוז וונפוונפי      | - 1ES                    | □ No                        | Nullibel.                                 |              |
| Do y                 | ou have a c | urrent First Aid certifica                                   | ate?                | □ Yes                    | □ No                        | Issuing Organisation:                     |              |

| CRIMINAL CONVICTIONS  |   |                   |   |  |  |  |  |
|---|---|-------------------|---|--|--|--|--|
| _   | NOTE: The Epsom Girls Grammar School Board of Trustees requires you to disclose all convictions unless they are covered by the Criminal Records (Clean Slate) Act 2004.   |                   |   |  |  |  |  |
|   | HAT MUST YOU DISCLOSE?  | · · ·             | · · · · · ·   |  |  |  |  |
|   | u must declare <u>all</u> of your convictions   |                   | •   |  |  |  |  |
|   | been convicted of an offence within   | •                 |   |  |  |  |  |
|   | been sentenced to a custodial sente   | ence (e.g. imp    | prisonment, corrective training, borstal); <b>or</b>  |  |  |  |  |
|   | been ordered by a Court during a criminal case to be detained in a hospital due to your mental condition, instead of being sentenced; <b>or</b>   |                   |   |  |  |  |  |
|   | been convicted of a 'specified offence' (e.g. sexual offending against children and young people or the mentally impaired); <b>or</b>   |                   |   |  |  |  |  |
|   | not paid in full any fine, reparation or costs ordered by the Court in a criminal case; <b>or</b>   |                   |   |  |  |  |  |
|   |   |                   |   |  |  |  |  |
| PLE   | EASE ANSWER THE FOLLOWING BASE  | ED ON THE A       | BOVE 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 apple   | lies and I will   | l disclose my criminal convictions in the table below: Disclosure of                                      |  |  |  |  |
| DIS   | SCLOSURE OF CRIMINAL CONVICT  | IONS              |   |  |  |  |  |
|   | Offence   | Year<br>Committed | Details of Fine/PD/Supervision/Imprisonment   |  |  |  |  |
|   |   |                   |   |  |  |  |  |
|   |   | <b></b> !         | <del> </del>  |  |  |  |  |
|   |   |                   |   |  |  |  |  |
|   |   |                   | <u> </u>  |  |  |  |  |
| PR  | IVACY ACT 1993  |                   |   |  |  |  |  |
|   | is application is submitted with the uneir authorised representatives who ma  | _                 | that any further information given is for the use of the employer and ne have access to this information. |  |  |  |  |
| Furthermore consent is given for members of the Epsom Girls Grammar 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. |   |                   |   |  |  |  |  |
| Apı   | plicant's Signature:  |                   | Date:   |  |  |  |  |
|   |   |                   | -   |  |  |  |  |
| EV  | IDENCE OF IDENTITY  |                   |   |  |  |  |  |
|   | ease attach to your application two for<br>that these can be sighted.   | rms of identi     | ification as detailed below. If short listed, please bring originals with you                             |  |  |  |  |
|   | ☐ 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) |                   |   |  |  |  |  |

If this is problematic please contact the school as there are other ways to meet this requirement

☐ 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  |   |  |  |  |  |
| <ul> <li>EEO Information (below)</li> <li>A formal letter of application</li> <li>CV</li> <li>Copies of Evidence of Identity Documentation</li> </ul>  |   |  |  |  |  |
|  |   |  |  |  |  |
| To comply with the State Sector Act 1988, we are required to Opportunities. This information is voluntary and is gathered application for this position.  Please tick the appropriate boxes:  Gender (Please specify)  | collect statistical information to monitor Equal Employment |  |  |  |  |
| Ethnicity  |   |  |  |  |  |
| Māori  | Pakeha/New Zealand European                                 |  |  |  |  |
| Pasifika (Please specify)  | Asian (Please specify)                                      |  |  |  |  |
| Other European (Please specify)  | Other ethnic origin (Please specify)                        |  |  |  |  |
| Disability The following is the <i>Recommended International Standard of</i> 'Activity is limited by a long-term condition or health probler months or more).'  Do you consider yourself to be in this category?   |   |  |  |  |  |

No

Yes