



Job Application

_____ (Position applied for) _____ (Date)

This information is collected for the purpose of assessing your suitability for employment at Northcote Intermediate School. Please complete all sections:

Personal

Full Name: _____ (Surname)
_____ (First name)
_____ (Preferred name)

Date of Birth: _____

Postal Address: _____

Email Address: _____

Home Phone: _____

Cell Phone: _____

MOE Number: _____

Teacher Registration

I can confirm that I hold: (please circle one)

1. Current Full Teacher Registration
Practising Certificate number and expiry date: _____
2. Current Provisional Teacher Registration
Practising Certificate number and expiry date: _____
3. A Limited Authority to Teach
LAT number and expiry date: _____
4. No form of Teacher Registration

Referees

I agree to the referees provided to the Northcote Intermediate School Board of Trustees, in respect to my application, being used for the purposes of considering my suitability for the position.

I also agree that the Board may make further verbal or written inquiry from the referees provided and my previous employer(s).

1. Full Name: _____

Position: _____

Address: _____

Contact Phone: _____

Relationship: _____

2. Full Name: _____

Position: _____

Address: _____

Contact Phone: _____

Relationship: _____

Confirmation

I _____ (name) 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. I understand that if any false or misleading information is given or any material information is suppressed, I will not be employed or, if I am employed, my employment will be terminated. I understand this information may be verified.

Applicant's Signature

Date

Applications must be sent to: Principal
P.O. Box 36049
Northcote 0748
Principal@ni.school.nz

by the date and time specified in the job advertisement.

**Northcote Intermediate School Declaration Form
Pre-Employment Medical / Criminal Checks**

Medical Declaration

Please describe any injury or illness you have or have had that may affect your ability to effectively carry out the duties and responsibilities of the position.

Do you have any allergic reactions? Yes / No (if 'Yes' please detail)

Do you agree to a medical examination if required? Yes / No

Please Note:

Any false information given in relation to your medical history may result in loss of entitlement for any compensation from ACC or the Board's workplace accident insurer.

Criminal Declaration

Have you ever been convicted of any offense against the law (apart from minor traffic convictions), or otherwise know of any reason why you should not be employed to work with the Board of Trustees, and / or in the school / education environment?

Yes / No

If you answered 'Yes' please provide the date and details of the offence or other reasons, together with any comments you may wish to make.

Please Note:

- a) You may be asked to provide a copy of the relevant Court record(s) obtainable from the Police.
- b) Failure to provide correct and true details of any conviction or reason for the possible unsuitability will make you liable to dismissal from employment by the Northcote Intermediate School Board of Trustees should you be the successful applicant.

I, _____, declare that to the best of my knowledge the answers in this Declaration Form and the information provided are correct and I understand that if any false or misleading information is given, or any material information is suppressed, I will not be employed or, if I am employed, my employment will be terminated.

Applicant's Signature

Date