

• C O N F I D E N T I A L •



APPLICATION FORM

Name: _____

Attached is an application for employment form which you are requested to personally complete.

The Application form is a source of information, which will be used by the ECE Consultants to assist it in considering your suitability to the position for which you are applying.

If successful, such information shall form part of the Company's personnel records. Failure to supply the information requested would prejudice the Company's ability to assess your suitability for the position.

You are entitled to access this information upon request to the Company's Privacy Officer where the information is held.

Information relating to unsuccessful applicants shall be retained by the Company for a period of 12 months. The above information is provided in accordance with the Privacy Act 1993.

CONFIDENTIAL

To be completed personally by Applicant

Date of Application

APPLICATION FOR EMPLOYMENT

(PLEASE PRINT)

Note: The completion of this form does not indicate that there is any obligation on ECE Consultants to engage the applicant.

PURPOSE

This information is collected for the purpose of assessing your suitability for employment within the Early Childhood Sector.

Please print

POSITION _____ **(Qualified/Unqualified)**
APPLIED FOR _____ **(Temp/Permanent)**

.....

YOUR NAME IN How do you like to be addressed _____
BLOCK LETTERS

Family Name _____

Given Names (underline name used) _____

Are you known by any other name(s)? _____

Give details _____

.....

YOUR CONTACT Contact Address _____
ADDRESS _____
AND TELEPHONE
NUMBERS

Home Phone. _____

Mobile. _____

Email Address: _____

YOUR BANKING Bank Account No. _____
DETAILS

IBAN

KIWISAVER (IF IN) Member No. _____

Employee Contribution 2% 4% or 8%

Are you 17 years of age or older Yes/No

Please be aware that you must be at least 17 to legally work in a childcare centre in NZ

LEGAL WORK STATUS

Are you legally entitled to work in New Zealand as:

A New Zealand Citizen Yes/No

A permanent resident Yes/No

A holder of a current work permit Yes/No

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EDUCATION

Name of secondary school(s) attended (**including university, further education, etc where applicable**)

Qualifications (school certificate, university entrance)(subjects)

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TEACHING QUALIFICATIONS

Do you have any other formal qualifications and/or NZ Teachers Council Registration?

If ECE qualified, please attach certified copies with your application

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EMPLOYMENT HISTORY

Present or Most Recent Employer

Company _____

Address _____

Job Held _____

Main Duties _____

No of hours worked per week _____

Length of Service _____

Reason for Leaving _____

For the purposes of compliance with the Privacy Act 1993 do you consent to ECE Consultants contacting your present employer for the purposes of reference checking **Yes/No**

Next Most Recent Employer

Company _____

Address _____

Job Held _____

Main Duties _____

No of hours worked per week _____

Length of Service _____

Reason for Leaving _____

Next Most Recent Employer

Company _____

Address _____

Job Held _____

Main Duties _____

No of hours worked per week _____

Length of Service _____

Reason for Leaving _____

Give details of any other job which may be relevant

Do you have secondary employment? Yes/No

If yes, please detail _____

REFEREES

Give name, address and telephone numbers of at least two referees.

Name	Position	Address	Phone No.
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If your application is successful when could you commence employment

Iconsent to ECE Consultants seeking verbal or written information about me from representatives of my previous employers and/or referees and authorise the information sought to be released by them to ECE Consultants for the purposes of ascertaining my suitability for the position I am applying for. I understand that the information received by the ECE Consultants is supplied in confidence as evaluative material and will not be disclosed to me.

If yes, Signature: _____

Date: _____

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POLICE VET

It is now a requirement that all unqualified and/or unregistered staff working within Early Childhood Centres be police vetted by the service employing them.

I consent to ECE Consultants obtaining details of my criminal history from the Licensing & Vetting Service Centre in order to assess my suitability for work within the Early Childhood Sector. In the event that I am successful, I authorise ECE Consultants to provide a copy of any information supplied by the Licensing & Vetting Service to any early childhood centres I am assigned to, if requested. Yes/No

Signed _____

Date _____

GENERAL

Have you been convicted of a criminal offence? Yes/No

Have you been the subject of a Diversion ordered by the Courts Yes/No

Are you awaiting the hearing of charges in a civil or criminal court of law? Yes/No

Do you have a current drivers licence? Yes/No

Do you have any demerit points or endorsements? Yes/No

Do you have any cases pending? Yes/No

If yes, please detail _____

What transport arrangements do you have to attend your place of employment? _____

What are your interests/hobbies/sports/clubs or community activities? _____

.....

DECLARATION

I _____ (full name) declare that to the best of my knowledge the information provided in this application and in any resume provided is correct and I understand that if any false or misleading information is given, or any material fact suppressed, I will not be employed, or if I am employed, my employment will be terminated. I also understand that any false information given in relation to my medical history with regards to gradual process, disease or infection can result in my loss of entitlement for any compensation.

Signed _____

Date _____

ECE Consultants

MEDICAL INFORMATION

Have you claimed accident compensation in the last 12 months (give details)

Do you have any hearing disability?

Yes/No

State any serious injury or illness you have suffered that may affect your ability to effectively carry out the functions and responsibilities of the position applied for?

Do you have any other known condition which may affect your ability to effectively carry out the functions and responsibilities of the position applied for?

Yes/No

If yes, please detail

Have you had an injury or medical condition caused by gradual process, disease or infection for example hearing loss, sensitivity to chemicals, repetitive strain injuries that may be aggravated or further contributed to by the tasks of this job.

Yes/No

If yes, please detail

Do you consent to the Company retaining the information contained in this application form for the purposes of considering your suitability for any other position which may arise with ECE Consultants in the future?

Yes/No

DECLARATION

I _____ (full name)
declare that to the best of my knowledge the answers in this form are correct and I understand that if any false or deliberately misleading information is given, or any material fact suppressed, I will not be accepted, or if I am employed, my employment will be terminated.

Signed _____ Date _____