

CONFIDENTIAL



WAIKATO DIOCESAN
School for Girls

Teaching Employment Application Form

Instructions for Applicants

The information provided by you in this application form is for the purpose of assessing your suitability for employment for the advertised position. This form is to be completed and signed by you personally. Please ensure that you complete all sections in full. If successful, such information shall form part of your personnel records.

New Zealand Police Vetting

Waikato Diocesan School for Girls conducts police checks on all new employees. Should you be selected for an interview, we will ask you to complete the NZ Police Vetting Service Request and Consent Form and provide two forms of ID, at least one of which must be a photo ID. Your documents will only be forwarded to NZ Police if you are offered a position at Waikato Diocesan School for Girls. If you are not successful, your Police Vetting document will be destroyed.

Please attach the following with this application form:

- Your current Curriculum Vitae and a Covering Letter.
- Scanned copies of any qualifications that are essential for the position that you are applying for (please do not include any original documents).
- Proof of your New Zealand Teaching Registration

APPLICATION FOR EMPLOYMENT

POSITION APPLIED FOR: _____

Title: _____

Surname: _____

First Name(s): _____

Preferred Name: _____

Residential Address: _____

Phone Number: _____

Email Address: _____

MOE Number: _____

**NZ Teacher Registration
Number and Expiry:** _____

RESIDENT STATUS

Are you legally entitled to work in New Zealand as:

A New Zealand citizen	Yes / No
A permanent resident <i>(If yes, please provide evidence - copy of passport)</i>	Yes / No
A holder of a current work permit <i>(If yes, please provide evidence - copy of passport/permit)</i>	Yes / No
Do you have secondary employment? <i>(If yes, please supply brief detail belows)</i>	Yes / No
Do you have a partner, spouse, relative or household member working at Waikato Diocesan School for Girls? <i>(If yes, please supply brief details)</i>	Yes / No

Further details:

EDUCATION / QUALIFICATIONS

Name of School/Technical Institute/University	Qualification Obtained	Date Obtained

NEW ZEALAND DRIVER'S LICENCE

Do you have a current New Zealand Driver's licence?	Yes / No
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LANGUAGES

If you can hold a conversation in a language other than English, please specify:

MEDICAL, INJURY AND/OR PRE-EXISTING CONDITIONS

Do you have, or have you suffered from physical or mental impairment or a condition that may affect your ability to perform the tasks of this position? <i>(If yes, please give brief details below)</i>	Yes / No
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Further details:

DECLARATION

I _____ (full name)
declare that to the best of my knowledge the information provided in this application and in
my CV that I provided is correct and I understand that if 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.

Signed _____ Date _____

Please email this form to: hr@wdsg.school.nz