



APPLICATION FOR POSITION

_____ (Position applied for) _____ (Date)

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

PERSONAL

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

Date of Birth: _____

Postal Address: _____

Email Address: _____

Home Phone _____ Other _____

TEACHER REGISTRATION

I confirm that I hold: (tick 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 Swanson 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. (a) Name: _____ Position: _____
(b) Address: _____
(c) Contact Ph. No: _____ Work _____ Home _____
(d) Relationship to yourself: _____

- 2. (a) Name: _____ Position: _____
(b) Address: _____
(c) Contact Ph. No: _____ Work _____ Home _____
(d) Relationship to yourself: _____

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 C.V is correct. I understand that if any false or misleading information is given, or any material information suppressed, I will not be employed, or if I am employed, my employment will be terminated. I understand that this information may be verified.

Applicant's Signature

Date

Applications must be with: The Principal
 Swanson Primary School
 703 Swanson Road
 Swanson
 Auckland

By the date and time specified in the job advertised.



Swanson School Declaration Form
Pre-Employment Medical/Criminal Checks

MEDICAL DECLARATION

Please describe any injury or illness you 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 offence 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 possible unsuitability will make you liable to dismissal from the employment of the Swanson 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 suppressed, I will not be employed, or if I am employed, my employment will be terminated.

Signed: **Date:**