

Please complete this form and return it together with CV and Cover Letter to the stipulated email address

## APPLICATION FOR SUPPORT STAFF POSITION Personal Profile

<b>1. Personal Information</b>		
<b>Full Name:</b>	Surname	First Name(s)
	<b>Address:</b>	
<b>Telephone:</b>	Mobile	Home/ Business
	<b>Email:</b>	
<b>Nationality:</b>		
<b>Citizenship:</b>		

<b>Are you legally entitled to work in New Zealand?</b> Please circle appropriate answer If appropriate, please attach evidence of eligibility to work in New Zealand	<b>YES</b>	<b>NO</b>
<b>Do you have a current Driver's Licence:</b>	<b>YES</b>	<b>NO</b>
<b>Do you have a Ministry of Education Number?</b> (Please insert it here if applicable):		

<b>2. Qualifications</b>		
<b>Name Degree / Diploma:</b>	<b>Year:</b>	
<b>Other Qualifications:</b>		





**5. Medical/ Health:**

**I understand that any false information given in relation to my medical history may result in my loss of entitlement for any compensation from ACC or the Board's workplace accident insurer.**

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 other known condition that may affect your ability to carry out the duties and responsibilities of the position? If yes, please provide the details. (If necessary, you may request a copy of the Job Description if it has not already been provided).

**6. Conviction(s):**

<b>a.</b>	Have you ever been convicted of any criminal offence (other than a minor traffic offence?)	<b>YES</b>	<b>NO</b>
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<b>b.</b>	If YES, please provide the date and details of the offence, the penalty, or reason, together with any comments you may wish to make:		
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<b>c.</b>	Are you currently awaiting the hearing of any charges?	<b>YES</b>	<b>NO</b>
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**Please Note:**

- You may be asked to provide a copy of the relevant Court record(s) obtained from the Police and the Board of Trustees (Employer) reserves the right to contact authorities to verify any claim made.
- Failure to provide correct and true details on any conviction or other reason for possible unsuitability will make you liable for immediate dismissal from the employment of the Botany Downs Secondary College Board of Trustees (Employer), should you be the successful applicant.



**7. Referee(s):**

Please provide the names, addresses and telephone contact numbers of three (3) referees:

**REFEREE ONE**

<b>Telephone:</b>		
	Mobile	Business Number
<b>Email:</b>		
<b>Address:</b>		
<b>In what capacity have you known this person?</b>		

**REFEREE TWO**

<b>Telephone:</b>		
	Mobile	Business Number
<b>Email:</b>		
<b>Address:</b>		
<b>In what capacity have you known this person?</b>		

**REFEREE THREE**

<b>Telephone:</b>		
	Mobile	Business Number
<b>Email:</b>		
<b>Address:</b>		
<b>In what capacity have you known this person?</b>		



I consent to the school seeking verbal or written information on a confidential basis about me from representatives of my previous employers and/or referees, and authorise the information sought to be released to a representative of the Botany Downs Secondary College **Employee Selection Panel**, for the purpose of ascertaining my suitability for the position for which I am applying.

I understand that the information received by the school is supplied in confidence as evaluative material and will not be disclosed to me.

<b>Signature:</b>		<b>Date:</b>	
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<b>8. Declaration:</b>
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<b>(A)</b>
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I, \_\_\_\_\_ (full name)

authorise a representative from the Botany Downs Secondary College Employee Selection Panel to make any reasonable inquiries concerning my background to assist in accessing my suitability for the position I am applying for.

<b>(B)</b>
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I, \_\_\_\_\_ (full name)

declare that to the best of my knowledge the information provided in this application and in any curriculum vitae enclosed is accurate and I understand that if any false or misleading information is given, or any material fact is suppressed or deliberately omitted, I will not be employed, or if I am employed, my employment will be terminated immediately. 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 for ACC.

<b>Signature:</b>		<b>Date:</b>	
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