



APPLICATION FOR EMPLOYMENT

To be completed personally by the Applicant.

NB: The completion of this form does not indicate that there is any obligation on the part of Jack & Jill Educare to engage the applicant. The information requested herein is required to assist in considering your suitability for employment within Jack & Jill Educare.

POSITION INFORMATION:

Position Applying For:

Date Of Application:

If your application is successful, when could you commence employment?

.....

GENERAL INFORMATION:

Surname:

First Names:

DOB:

Address:

Suburb: Post Code:

Telephone: Home: Mobile:

Email:

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

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Do you consent to Jack & Jill Educare retaining the information contained in this application form for the purposes of considering your suitability for any other position that may arise with Jack & Jill Educare in the future? (please tick)

YES NO

RESIDENCY STATUS:

Are you legally entitled to work in New Zealand? (please tick) YES NO

If neither of the above, are you allowed to accept employment in NZ? (please tick)

YES NO

As A: New Zealand Citizen YES NO

Permanent Resident YES NO

Holder Of A Current Work Permit YES NO

QUALIFICATIONS:

Please provide full details of the qualifications you hold that are relevant to the position applied for.

Qualification	Year Completed	Training Provider	Location

REGISTRATION:

Do you have a NZ Teacher registration? *(please tick)* YES NO

If YES, please provide your registration number:

LANGUAGES:

Can you hold an everyday conversation in any other language other than English? *(please tick)*

YES NO

If YES, please provide details:

EMPLOYMENT HISTORY:

Please ensure the employment/occupation history is continuous and complete in every respect.

Start Date	Finish Date	Employer	Location	Position Held	Reason For Leaving

REFEREES

Please give the names and contact details of at least two referees.

Name	Position	Address	Phone Number

I, consent to Jack and Jill Educare seeking verbal or

written information on a confidential basis about me from representatives of my previous employers, training providers and/or referees and authorise the information sought to be released by them to Jack and Jill Educare for the purposes of ascertaining my suitability for the position for which I am applying. I understand the information received by Jack and Jill Educare is supplied in confidence as evaluative material and will not be disclosed to me.

Signature: **Date:**

OTHER INFORMATION:

Have you ever been convicted of a criminal offence or do you know of any reason why the police might consider you a risk to children or as an employee? *(please tick)*

YES NO

Have you been the subject of a Diversion ordered by the Courts? *(please tick)*

YES NO

Do you have a current drivers license? *(please tick)*

YES NO

If YES, please provide your class and registration no:

Do you have a spouse, partner, relative or household member working here or elsewhere in the ECE sector? *(please tick)*

YES NO

Do you have secondary employment? *(please tick)*

YES NO

If YES, please detail:

Has any previous employer taken disciplinary action regarding you? *(please tick)*

YES NO

If YES, please detail:

HEALTH:

Have you ever been treated or hospitalised for a mental illness or injury or condition that would have affected your ability to carry out fully the functions and responsibilities of the position applied for? *(please tick)*

YES NO

Have you had any condition, problems, injury, illness, disability or condition that would have affected your ability in the past or may affect your ability to carry out fully the functions and responsibilities of the position applied for? *(please tick)*

YES NO

Are you on any medication or under medical treatment or regularly ingest any substances that may affect your ability to carry out fully the functions and responsibilities of the

position applied for? *(please tick)*

YES NO

Have you ever suffered from a back injury? *(please tick)*

YES NO

Have you ever suffered from any injury requiring time off work? *(please tick)*

YES NO

Have you ever claimed accident compensation? *(please tick)*

YES NO

Are you suffering from any infectious disease or have any condition which is capable of being passed on to children and is likely to have a detrimental effect if passed on to them?
(please tick)

YES NO

If you answered YES to any of the above questions in this Health section, please provide full details here:

Do you smoke? *(please tick)*

YES NO

Do you have any physical or other conditions that would make it difficult for you to:

Hear a child cry from 6 metres away? *(please tick)*

YES NO

Sit on the floor without support? *(please tick)*

YES NO

Move very quickly? *(please tick)*

YES NO

Be on your feet for several hours? *(please tick)*

YES NO

See a child clearly from 6 metres away? *(please tick)*

YES NO

Pick up a child? *(please tick)*

YES NO

Pick up toys and equipment from the floor? *(please tick)*

YES NO

Be outside for more than 2 hours at a time? *(please tick)*

YES NO

DECLARATION

I, (full name) declare that to the best of my knowledge, the information provided in this application and in any resume enclosed is accurate, 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 health or medical history or condition, may result in my loss of entitlement for any ACC insurance and/or compensation.

Signature:

Date: