



**CENTRAL NORMAL SCHOOL
TE KURA TUATAHI O PAPAIOEA**

— Whāia Kia Tutuki - strive to your potential —

APPLICATION FOR EMPLOYMENT: CLEANER (PERMANENT PART TIME)

Circle one

Mr

Mrs

Ms

Miss

Surname/Family name

First names (in full)

Are you known by any other name(s)? If yes, please provide details below

Yes No

Full postal address

Email address

Contact telephone numbers

Personal:

Mobile:

<p>Have you ever been the subject of any concerns involving child safety? If Yes, please detail:</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Have you had an injury or medical condition caused by gradual process, disease or infection, such as occupational overuse syndrome, which the tasks of this position may aggravate or contribute to? If Yes, please detail:</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>

EMPLOYMENT HISTORY

Please list your work experience for the last five years beginning with your most recent position. Please explain any gaps in employment. If you were self-employed, give details. Attach additional sheets if necessary.

Period worked (please state start and end date)		Employer's Name (or reason for employment gap)	Position held	Reason for leaving
Start date	End date			
	to			
	to			
	to			
	to			
	to			

REFEREES

Please provide the names of two people who could act as referees for you. One of these should be your current or most recent employer. Please indicate which referee is your current/recent employer in the table below. If you have included written references from people other than those listed below, please note that we may contact the writers of those references.

Name	Organisation	Position/Relationship	Best number to contact

Authority to approach other referees

I authorise the Board, or nominated representative, to approach persons other than the referees whose names I have supplied, to gather information related to my suitability for appointment to the position.	Yes <input type="checkbox"/> No <input type="checkbox"/>
I authorise the Board, or nominated representative, permission to access any information held by the Education Council of Aotearoa (EDUCANZ) or any other educational organisation, including information regarding matters under investigation, to gather information related to my suitability for appointment to the position.	Yes <input type="checkbox"/> No <input type="checkbox"/>

STRENGTHS, SKILLS AND SUITABILITY

Please describe how you meet our criteria and why you would be suitable for this position:

Continue on a separate sheet of paper if necessary.

DECLARATION

- The information I have supplied in this application is true and correct.
- I confirm in terms of the Privacy Act 1993 that I have authorised access to referees
- I know of no reason why I would not be suitable to work with children/young people.
- I understand that if I have supplied incorrect or misleading information, or have omitted any important information, I may be disqualified from appointment, or if appointed, may be liable to dismissal.

Signature:

Date: