

# HR DEPARTMENT



ST PETER'S  
CAMBRIDGE  
NEW ZEALAND

## Application for Staff Position

Please fill in this form and return it, together with your CV and any other material you consider relevant to:

The HR Administration Manager  
St Peter's School, Cambridge  
Private Bag 884  
CAMBRIDGE  
[HR@stpeters.school.nz](mailto:HR@stpeters.school.nz)

Your application, CV and any other material you include cannot be returned, please do not send folders or original documents.

This form (and any material you provide with it) is a source of information which will be used in considering your suitability for the position for which you are applying. Failure to supply the information requested may prejudice the School's ability to assess your suitability. If your application is successful, the information will form part of the School's personnel records which are currently held in the Human Resources Office. You will be entitled to access the information on request to the School's privacy officer. Information relating to unsuccessful applicants is destroyed. The above statements are made in accordance with the Privacy Act 1993.

MAC/Tablet users please open and complete this PDF form using Adobe Reader or Acrobat NOT the Preview Application.

Name of position applying for			
<b>PERSONAL DETAILS</b>			
Title / Salutation		First or given names	
Surname or Family Name		Preferred Name	
Full Postal Address			
Home Phone		Work Phone	
Mobile		Email	
<b>REFEREES</b>			
Please provide the names of two or three referees whose consent has been obtained and who may be contacted for a confidential reference. (Where possible, at least one or two of the referees should be able to give work-related information and should have supervised or been senior to you in your current or most recent employment.)			
<b>Referee 1</b>			
Name			
Work Phone		Mobile	
Email			

Referee 2			
Name			
Work Phone		Mobile	
Email			
Referee 3			
Name			
Work Phone		Mobile	
Email			
AVAILABILITY			
Date available to start or period of notice required in current employment			
LEGAL ENTITLEMENT TO WORK IN NEW ZEALAND			
Are you a permanent resident of New Zealand?			
If you are not a permanent resident of New Zealand, do you have a current Work Permit/Visa?			
What is the Expiry Date of your work permit?			
NEW ZEALAND TEACHERS COUNCIL REGISTRATION (For teaching applicants)			
Do you have a current Practising Certificate?		Category	
Registration Number		Expiry Date	
HEALTH AND SAFETY			
The following information is required to assist the School to meet its obligations under the Health and Safety in Employment Act 1992 and the Injury Prevention Rehabilitation and Compensation Act 2001, and to assess your ability to perform the duties of the position safely.			
Do you suffer from or have you suffered from any injury or medical condition caused by gradual process, disease or infection (eg repetitive strain injury, occupational overuse syndrome, back injury or strain, hearing loss, sensitivity to chemicals) which this job may aggravate or contribute to?			
If you answered 'Yes' please provide details			
CRIMINAL RECORDS			
As an educational institution those working within the School are placed in positions of trust. The School therefore requests that you answer the following questions.			
The School may decide to check your record for criminal convictions and/or your credit status. Do you consent to such a check?			
Have you <b>ever</b> been convicted of a crime in New Zealand or in any other country?			
Are there any charges against you yet to be heard?			
If you answered 'Yes' to either or both of the above questions please provide details			

**STATISTICAL INFORMATION (OPTIONAL)**

Where did you hear of this vacancy? (please select)	
Other, please specify	
Ethnic Identity (please select)	Other, please specify

**DECLARATION**

I consent to the School seeking verbal or written information about me on a confidential basis from the referees I have nominated and authorise the information requested to be released. I understand that the information will be supplied in confidence as evaluative material and will not be disclosed to me.

I have disclosed any illness or injury which I believe might affect my capacity to undertake the duties involved in this position safely.

I hereby certify that all the information given orally and in writing by me for my application is true and correct. I understand that if I have given incorrect or misleading information, or if I have left out any important information, I may not be considered for appointment, or if I am appointed, my employment may be terminated.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_