



# PORIRUA COLLEGE

64 Driver Crescent, Cannons Creek, Box 53-023, Porirua, New Zealand. Ph (64) 04-237-5465, Fax (64) 04-237-6160.

Principal: Ms Susanne Jungersen, M.A. Dip. Tchg.

## APPLICATION FOR EMPLOYMENT IN NON-TEACHING POSITION

**A. POSITION APPLIED FOR:**

\_\_\_\_\_

**B. PERSONAL DETAILS**

Surname:

*(Mr/Mrs/Miss/Ms optional)*

\_\_\_\_\_

First Name(s):

\_\_\_\_\_

Full Postal Address:

\_\_\_\_\_

\_\_\_\_\_

Contact Number (Day):

\_\_\_\_\_

Contact Number (Evening):

\_\_\_\_\_

Mobile Number:

\_\_\_\_\_

E-mail Address:

\_\_\_\_\_

Previous name/s, if used

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**C. PRESENT EMPLOYMENT**

Position held:

\_\_\_\_\_

Employer:

\_\_\_\_\_

Date appointed:

\_\_\_\_\_

Nature of present position: (tick appropriate boxes)

Permanent:

Part-time:

Full-time:

Relieving:

Other: (Please specify)

\_\_\_\_\_

If not teaching, please state present occupation:

\_\_\_\_\_

**Please list RELEVANT SKILLS, ABILITIES & EXPERIENCE**

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**D.** The following questions are being asked to comply with the obligations under the Health and Safety in Employment Act 1992, to ensure that you are not in a position where you could be placed in a situation of harm.

Please answer **all** of the following questions:

1. Have you ever suffered any injury which has resulted in you taking time off work? **YES/NO**
2. Have you ever suffered any back injury or back strain? **YES/NO**
3. Have you ever suffered from any overuse injuries, e.g. OOS? **YES/NO**
4. Are you allergic to, or have sensitivity to any substance or chemicals? **YES/NO**

If yes to any of the above, please give further details:

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5. Do you have any other condition which may affect your ability to effectively carry out the functions and responsibilities of the position applied for? **YES/NO**

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Please note that Porirua College is a smoke-free environment.

**Please give the names of up to three referees who may be contacted.**

**1. Full Name of Referee:**

Company/School Name:

Position Held:

Contact Address:

Private phone number:

Business phone number:

Business fax number:

**2. Full Name of Referee:**

Company/School Name:

Position Held:

Contact Address:

Private phone number:

Business phone number:

Business fax number:

**3. Full Name of Referee:**

Company/School Name:

Position Held:

Contact Address:

Private phone number:

Business phone number:

Business fax number:

**Please note: The reports we request are on the understanding that they will remain confidential to those concerned with considering applications for employment and will not be used for any other purpose. The NZ Official Information Act 1982, Sections 9 (2)(ba)(i) and 27(1)(c) protects evaluative material**

**F.**

- (a) I certify that the information given in this application is, to the best of my knowledge, correct. I understand that this may be verified.
- (b) In accordance with the Privacy Act, I authorise Porirua College to obtain further information about my employment record and personal background from any of my nominated referees and I understand that this information will be treated in complete confidence.
- (c) I also authorise Porirua College to make other enquiries they see fit in relation to my application and consent to the disclosure of information to Porirua College by such persons to whom enquiry is made on matters pertinent to the job description.
- (d) I hereby declare that the information provided in my application is true, accurate and complete. I also understand and accept that I may be dismissed immediately if I am appointed and any of the information supplied by me is subsequently found to be incomplete, inaccurate or false.
- (e) I further declare that I am a fit and suitable person to hold the position for which I am applying.
- (f) Have you ever been convicted of an offence against the law (excluding minor traffic violations)? **YES/NO**

**Applicant's name:**

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**Applicant's signature:**

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**Date:**

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**Note: Signature not required for forms which are completed online and submitted electronically.**

**RECEIPT OF APPLICATION** (Applicants please complete numbers 1-4)

**G.**

1. Position applied for: \_\_\_\_\_
  2. Name of applicant: \_\_\_\_\_
  3. Address of applicant: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
  4. Have you included in your application:  
Covering letter  Updated CV
- 

Thank you for your application. Please send or email completed Application for Appointment form, along with covering letter and updated CV, marked private and confidential, to:

**Lynne Best  
Administration Manager  
Porirua College  
PO Box 53-023  
Cannons Creek  
PORIRUA 5243**

**lbest@pen.net.nz**

**Office Use Only:**

1. Date application received: \_\_\_\_\_
2. Application closing date: \_\_\_\_\_
3. Date of short-listing: \_\_\_\_\_
4. Date of interviewing: \_\_\_\_\_
5. Date for offering appointment: \_\_\_\_\_