



Support Staff – Application Form

Personal Details

First Names: _____ Surname: _____

Preferred Title: Mr Mrs Miss Ms Dr (circle one) Other _____

Address: _____

Telephone – Home: _____ Telephone – Work: _____

Telephone – Mobile: _____ Email: _____

MOE #(if applicable): _____

1. Professional Qualifications relevant to the position

<i>Qualification</i>	<i>Institution</i>	<i>Date Awarded</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

2. Employment History (starting with the most current)

<i>Employer</i>	<i>Position Held</i>	<i>Period employed</i>	<i>Reason for leaving</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do you consent to Papamoa College contacting your present employer? Yes No (please circle)

3. Referees

Please provide the names of two people who will act as referees for you.

Ensure you select referees who are able to attest to your professional competencies.

Referee One

Full name: _____

Telephone – Home: _____ Telephone – Work: _____

Telephone – Mobile: _____ Email: _____

Relationship to applicant: _____

Referee Two

Full name: _____

Telephone – Home: _____ Telephone – Work: _____

Telephone – Mobile: _____ Email: _____

Relationship to applicant: _____

4. Declaration

- a) Have you ever been convicted of an offence against the law? Yes / No (circle)
If 'Yes', please supply relevant details:

- b) I give permission for Papamoa College to check my record with the NZ Police.

- c) Do you have any medical conditions that may impact on your work? Yes / No (circle)
If 'Yes', please supply relevant details:

- d) To the best of my knowledge the statements in my application and curriculum vitae are true and accurate. I give permission for these claims to be verified. I understand that the conditions of my employment may be jeopardised if the claims are found to be false.

- e) I give permission for Papamoa College to gather information from any person or organisation that is deemed necessary to establish my suitability for this position.

Name (print): _____

Signature: _____ Date: _____.

The application form and a current curriculum vitae should be posted to: The Principal, Papamoa College, PO Box 11-150, Papamoa 3151. If you would like to have your curriculum vitae returned to you at the end of the process, please include a self addressed stamped envelope.