APPLICATION FOR EMPLOYMENT

Position applied for	
Date of Application	

YOUR PERSONAL DETAILS

Surname	
Given Names	
Are you known or have you been known by any other names? (for example maiden name, or you have changed your name)	
Date of Birth	
Address	
Email Address	
Home Telephone	
Mobile	
Ethnicity (Optional)	

ABILITY TO WORK IN NEW ZEALAND

Are you legally entitled to work in New Zealand because you are a New Zealand Citizen, an Australian Citizen, a NZ permanent resident or have a current work visa? You will be required to produce proof of status to work in NZ.	**Yes / No** **Work visa expires on: _____**

What interests you about working for us?

QUALIFICATIONS

Qualifications (NCEA/Diploma/ Degree/Postgraduate/Professional Qualifications/ Tertiary /Trade Qualifications/Certificates/Experience) please attached verified copies of qualifications

Do you have a current first aid certificate	**Yes / No**
Are you able to attend meetings outside normal working hours	**Yes / No**
Are you willing to work across BECC's 3 centres	**Yes / No**

Please describe all relevant skills and experience that you have, for the position you have applied for.	
Do you speak, or read and write in a language additional to English? If yes, please detail:	**Yes / No**

EDUCATION AND EMPLOYMENT BACKGROUND (please show at least 5 years History)

Name of secondary school(s) / Tertiary institutes attended	From (date)	To (date)

EMPLOYMENT HISTORY. (Start with your current or most recent employer)

Employed Date (from and to)	
Company Name:	
Supervisor/Managers Name:	
Email:	
Phone Number:	
Address:	
Position Held:	
Main Duties:	
Hours Worked per Week:	
Reason for Leaving:	
Do you consent to the Blenheim Early Childhood Centres Inc. contacting your present employer for the purposes of reference checking?	**Yes / No**

Employed Date (from and to)	
Company Name:	
Supervisor/Managers Name:	
Address:	
Position Held:	
Main Duties:	
Hours Worked per Week:	
Reason for Leaving:	

Employed Date from and to	
Company Name:	
Supervisor/Managers Name:	
Address:	
Position Held:	
Main Duties:	
Hours Worked per Week:	
Reason for Leaving:	

Give details of all previous employment not detailed above. Please continue on a separate sheet if necessary.	
Have you ever been through a disciplinary /performance process which resulted in your employment ending? If yes, please provide details	**Yes / No**

YOUR AVAILABILITY TO WORK

Do you have secondary employment? If yes, where and when?	**Yes / No**
If your application is successful, when could you commence employment?	
Are you aware of anything that could place you in a potential conflict of interest with the company? Or which may restrict your ability to fully perform your duties? This could include a non-competition, or non- solicitation restriction in your current employment agreement If yes, please explain.	**Yes / No**

MORE ABOUT YOU - CHARACTER AND REFERENCES

Have you been convicted of any criminal offences? Please be aware that you are not obliged to declare certain offences which occurred more than 7 years ago under the Criminal Records Clean Slate Act 2004. You can get information about this from the Ministry of Justice before answering this question) **https://www.justice.govt.nz/criminal-records/clean-slate/** If yes, provide the date, detail of the offence and the penalty which was imposed on the final page of this form under "additional information".	**Yes / No**
Are you on police bail or awaiting the hearing of any charges in a criminal court of law? If yes provide details on the final page under "additional information"	**Yes / No**

Do you agree to us undertaking Police Vetting / a criminal record check and obtaining a copy of any record from the Ministry of Justice?	**Yes / No**
Are you still subject to any sentence imposed by a court (for example, community service order or supervision)	**Yes / No**
If yes, please provide details:	

What are your interests/hobbies/sports/clubs or community activities?

REFEREES

Give name, address and telephone numbers of at least two referees. Preferably from where you are currently working. (If you want to provide more referees, please use the additional information page at the end of this form.)

Name	
Position	
Address	
Home Phone **Work Phone** **Mobile phone** **Email**	

Name	
Position	
Address	
Home Phone **Work Phone** **Mobile phone** **Email**	

By providing the above details, and signing this application for employment, you hereby authorise Blenheim Early Childhood Centres Inc. to seek verbal or written information on a confidential basis from the named referees for the purpose of ascertaining your suitability for the position for which you are applying. Information received on a confidential basis will not be disclosed to you.

REFERENCE CONSENT (1)

Name of referee:

I, _____ [candidate's name] consent to Blenheim Early Childhood Centres Inc. seeking verbal or written reference on a confidential basis from
_____ [name of Referee]
of _____ [name of organisation or company] about me, and authorise the information sought to be released for the purposes of ascertaining my suitability for the position for which I am applying. I understand that the information received by the Company is supplied in confidence as evaluative material and will not be disclosed to me.

Signature of candidate: _____ Date: _____

REFERENCE CONSENT (2)

Name of referee:

I, _____ [candidate's name] consent to Blenheim Early Childhood Centres Inc. seeking verbal or written reference on a confidential basis from
_____ [name of Referee]
of _____ [name of organisation or company] about me, and authorise the information sought to be released for the purposes of ascertaining my suitability for the position for which I am applying. I understand that the information received by the Company is supplied in confidence as evaluative material and will not be disclosed to me.

Signature of candidate: _____ Date: _____

HEALTH AND MEDICAL

Do you consent to alcohol /drug testing as part of your application for employment?	**Yes / No**
Have you ever failed an employment related drug or alcohol test?	**Yes / No**
If yes, please provide details:	
Have you had or do you have any injuries or medical conditions (for example hearing loss, allergy, sensitivity to chemicals, occupational overuse injuries or back injuries) that the tasks of this job may aggravate or contribute to, or which may prevent you from carrying out all of the functions of the position effectively or safely?	**Yes / No**
If yes, please provide details:	
Do you agree to undergo a medical examination if required?	**Yes / No**

Have you ever had difficulties coping with stressful events in the workplace?	**Yes / No**
If yes, please provide details:	

ADDITIONAL INFORMATION (if you require further space, feel free to attach additional pages, with your name written at the top of any additional page.)

DECLARATION:

I, _____, [name of applicant] declare:

1. that my answers in this application are true and not misleading and;
2. that there is no further relevant information that I have not disclosed.

I Acknowledge:

that if Blenheim Early Childhood Centres Inc. employs me, they are relying on the truth and completeness of my answers and therefore if I have not answered truthfully and completely, the company may withdraw any offer of employment prior to acceptance, or (after a proper process) terminate my employment without notice.

Signed		**Date**	