

TOKOMARU SCHOOL

Application for Support Staff Position



Position Applied for

Part-Time Office Administrator

Personal Details

Name:

Address:

Date of Birth:

Work Contact

Home Contact

Phone:

Phone:

Mobile:

Mobile:

Email:

Email:

Qualifications *(including date achieved)*

Present Appointment

Employer:

Position held:

Time in Position:

Responsibilities/areas of strength *(in current or past roles):*

Work History: (Please complete for the last three positions)

Place of Work:	Job Role/Title:	Date(s) of Tenure:

Referees

Name:	Name:
Position Held:	Position Held:
Address:	Address:
Home Phone:	Home Phone:
Work Phone:	Work Phone:
Mobile:	Mobile:
Email:	Email:

Equal Employment Opportunity Information

Staff are asked to complete the following survey so we are able to update our EEO database of current school employees. This information will be held for no purpose other than meeting legislative requirements.

Please return this with your application

Name _____

Gender: Male/Female/Other

Ethnic Identity (please tick the one or more boxes that clearly describes you)

<input type="checkbox"/>	New Zealand European/Pakeha
<input type="checkbox"/>	Maori
<input type="checkbox"/>	Pacific Islands (e.g. Samoan, Niuean, Tongan, Fijian, Cook Island, Tokelauan and Tuvalu)
<input type="checkbox"/>	Other ethnic groups (please specify)

Do you live with the effects of long term injury, illness or disability? YES / NO

If YES, what does your disability/injury/illness affect? Your:

<input type="checkbox"/>	Movement
<input type="checkbox"/>	Vision
<input type="checkbox"/>	Respiration/breathing
<input type="checkbox"/>	Hearing
<input type="checkbox"/>	Speech emotional and mental health
<input type="checkbox"/>	Other (please specify)

Do you need any technical aids or equipment, or adaptations to your work place, to make your work easier or to increase your work performance? YES/NO

If YES, please provide more information:

Declaration:

Have you ever been convicted of any offence against the law (apart from minor traffic convictions), or otherwise know of any reasons why you should not be employed to work in the school environment

YES/NO

If you have answered "YES", please provide the date and details of the offence, or other reasons, together with any comments you may wish to make.

I agree that the Tokomaru School Board of Trustees, or a representative, may contact the persons named as referees to provide references and to make enquires of others as necessary to further this application

YES/NO

The information given in this application is confidential and will only be used for the purpose of this application. I understand that I can have access to this information upon written request.

I _____ declare, that to the best of my knowledge, the answers to the questions in this application are correct. I understand that if any false information is given or any material fact suppressed, I may not be appointed or, if employed, I may be dismissed.

Signed: _____ Date: _____