



Mountainview High School

APPLICATION FOR EMPLOYMENT

Important Notes for Applicants

Thank you for applying for a position with our school. Please ensure you have a copy of the position (job) description before completing this application and read the following notes:

1. You need to fill out this form yourself.
2. First, read it through, then answer all questions and make sure you sign and date where indicated on the last page.
3. Attach a current curriculum vitae (CV) containing any additional information, if necessary.
4. Copies only of qualification certificates should be attached. If successful in your application you will be required to provide the originals as proof of qualifications.
5. If you are selected for an interview you may bring whānau/support people at your own expense. Please advise if this is your intention.
6. Failure to complete this application and answer all questions truthfully may result in any offer of employment being withdrawn or appointment being terminated, if any information is later found to be false.
7. All applicants are required to give consent to a Police vet:
 - a) You cannot be employed as a children's worker if you have been convicted of a specified offence listed in [Schedule 2 of the Children's Act 2014](#) (unless you have obtained an [exemption](#)). The Criminal Records (Clean Slate) Act 2004 will not apply to these specified offences and these offences will be included in your Police vetting results.
 - b) The Clean Slate Act provides certain convictions do not have to be disclosed providing:
 - you have not committed any further offence within 7 consecutive years of being sentenced
 - you did not serve a custodial sentence¹ at any time
 - the offence was neither a [specified offence under the Clean Slate Act 2004](#) nor a [specified offence under the Children's Act 2014](#)

Custodial sentence means a sentence of imprisonment and includes corrective training, preventive detention, a sentence of imprisonment served by home detention, borstal training, detention centre training and any other sentence that requires the full-time detention of an individual. **Non-custodial sentence** includes, but is not limited to, a community-based sentence, a sentence of home detention, a sentence of a fine or reparation, a suspended sentence of imprisonment, and a specified order.

- you have paid any fines or costs

Please note that you are not obliged to disclose convictions if you meet the above conditions but can do so if you wish. If you are uncertain as to whether you are eligible contact the Ministry of Justice.

8. Shortlisted applicants being interviewed will need to provide originals of both a primary identity document (e.g., passport) and a secondary identity document (e.g., New Zealand driver license). Please also bring in the police check form filing in page 2 & 3 only. A list of acceptable primary and secondary documents is available in the last sections of the [Children's \(Requirements for Safety Checks of Children's Workers\) Regulations 2015](#).
9. This information will be held by the employer. For the successful candidate, this document will be held on their personal file, otherwise the information provided will be securely destroyed after 30 days. You may access it in accordance with the provisions of the Privacy Act 2020.



APPLICATION FOR EMPLOYMENT

Position applied for	Location	Vacancy/Reference Number
Social Worker / Guidance Counsellor	Pages Road	

Tick one

Mr Mrs Ms Miss

Or other preferred title: Click or tap here to enter text.

Surname/Family name	First names (in full)

Birth name (if applicable)

Are you known by any other name(s)? (if yes please provide below) Yes No

Full postal address

Email address

Contact telephone numbers

Personal:	Work:

Identity Verification, Criminal Record and Right to Work

Please tick the appropriate boxes:

<u>Immigration information</u>		
Are you a New Zealand citizen?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If not, do you have resident status? <i>or</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If not, do you have another type of visa that allows you to work?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever had a criminal conviction?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If "Yes" please detail:		
<i>(A board may not employ or engage a children's worker who has been convicted of an offence specified in Schedule 2 of the Children's Act 2014 unless they have an exemption. The Clean Slate Act does not apply to Schedule 2 offences.)</i>		
Have you ever received a police diversion for an offence?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If "Yes" please detail:		
Have you ever been discharged without conviction for an offence?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If "Yes" please detail:		
Do you have a current New Zealand driver's licence?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever been convicted of a driving offence which resulted in temporary or permanent loss of licence, or imprisonment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If "Yes" please detail:		
Are you awaiting sentencing, or do you have charges pending?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If "Yes" please state the nature of the conviction/cases pending:		
In addition to other information provided are there any other factors	Yes <input type="checkbox"/>	No <input type="checkbox"/>

that we should know to assess your suitability for appointment, your suitability for work with children or your ability to do the job?

If “Yes”, please detail:

Have you ever been the subject of any concerns involving child safety? Yes No

If “Yes” please detail:

Are you aware of any injury or medical condition that could impact on your ability to perform this job effectively? Yes No

If “Yes”, please detail

For teaching/principal positions:

Do you hold a current practising certificate from the Teaching Council of Aotearoa New Zealand? Yes No

Please enter your registration number:

Educational Qualifications

	Name	Location	Number of years completed	Highest Qualification Gained
Secondary School				
University				
Other				
Other				

Employment History

Please list your work experience for the last five years beginning with your most recent position. Please include months as well as years worked and explain any gaps in employment. If you were self-employed, give details.

Period worked (please specify the start and end dates)		Employer's name (or reason for gap in employment)	Position held	Reason for leaving
Start date	End date			
	to			
	to			
	to			
	to			
	to			
	to			

Referees

Please provide the names of three people who we can contact as referees for you. One of these should be your current or most recent employer. Please indicate which referee is your current/previous employer in the table below. By signing this form you agree to us approaching your previous employers and you agree that your referees are able to disclose information to us.

Name	Organisation	Position/ Relationship	Phone (preferred)	Email

Key Criteria

The position you have applied for requires specific knowledge, skills, attributes and personal characteristics. These key criteria and person specifications we are seeking are stated in the position description. Please outline below how you meet each of these attributes and abilities. Even if you are attaching a CV, please fill this out in full.

Criteria <i>(knowledge, skills, attributes, personal characteristics)</i>	Past roles in which you have demonstrated the criteria	What did you do which demonstrated this	Key achievements

I certify that:

- The information I have supplied in this application is true and correct.
- I confirm, in the terms of the Privacy Act 2020, that I have authorised access to referees so any enquiries deemed appropriate for determining my suitability for employment can be made. And give permission for your referees to disclosure information on you.
- I know of no reason why I would not be suitable to work with children/young people.
- I understand that if I have supplied incorrect or misleading information, or have omitted any important information, I may be disqualified from appointment, or if appointed, may be liable to be dismissed.

Signature _____

Date

Section 1: Approved Agency to complete (For more information please see the [Guide to Completing the Consent Form](#) - <http://www.police.govt.nz/advice/businesses-and-organisations/vetting/forms-and-guides>)

Name of Approved Agency submitting vetting request:

Name of Applicant to be vetted:

Description of Applicant's role:

Applicant's purpose

- | | | | |
|--|--|---|--------------------------------------|
| <input type="checkbox"/> Employee | <input type="checkbox"/> Contractor/Consultant | <input type="checkbox"/> Volunteer | <input type="checkbox"/> Prosecution |
| <input type="checkbox"/> Vocational Training | <input type="checkbox"/> Licence/Registration | <input type="checkbox"/> Visa/Work Permit | <input type="checkbox"/> Other |

What group(s) will the applicant have contact with in their role for your agency?

- | | | | |
|---|----------------------------------|--|--------------------------------|
| <input type="checkbox"/> Children/Youth | <input type="checkbox"/> Elderly | <input type="checkbox"/> Other Vulnerable Adults | <input type="checkbox"/> Other |
|---|----------------------------------|--|--------------------------------|

What is the applicant's primary role for your agency?

- | | | | | |
|--|---|-------------------------------------|------------------------------------|--------------------------------|
| <input type="checkbox"/> Caregiving (Children) | <input type="checkbox"/> Caregiving (Vulnerable adults) | <input type="checkbox"/> Healthcare | <input type="checkbox"/> Education | <input type="checkbox"/> Other |
|--|---|-------------------------------------|------------------------------------|--------------------------------|

Will the role take place in the applicant's home?

- Yes No

Will the applicant be a volunteer or paid for their role?

- Paid Volunteer

Is this request mandatory under the Vulnerable Children Act 2014 (VCA)?

- | | |
|--|---|
| <input type="checkbox"/> Yes: Core childrens worker | <input type="checkbox"/> Yes: Non-core childrens worker |
| <input type="checkbox"/> No (mandatory under other legislation/optional/standard Police Vet) | |

If this is a mandatory Vulnerable Children Act request, please specify the check reason below:

- | | | |
|--|---|--------------------------------------|
| <input type="checkbox"/> New Children's Worker | <input type="checkbox"/> Existing Children's Worker | <input type="checkbox"/> VCA Renewal |
|--|---|--------------------------------------|

Evidence of Identity (to be completed by agency representative/delegate or identity referee - see [guide](#) for details)

- | | |
|---|---|
| <input type="checkbox"/> A primary ID has been sighted (Mandatory) | <input type="checkbox"/> A secondary ID has been sighted (Mandatory) |
| <input type="checkbox"/> One form of ID is photographic (Mandatory) | <input type="checkbox"/> Evidence of name change has been sighted (if applicable) |

OR: If your organisation is able to accept a verified RealMe identity then:

- An assertion of a RealMe identity has been received (see [guide](#) for further information).

In making this request, I confirm that:

- ✓ I have complied and will comply with the [Approved Agency Agreement](#)
- ✓ I am satisfied with the correctness of the applicant's identity
- ✓ I have obtained the Applicant's authorisation to submit this vetting request as set out in section 3 of this form

Approved Agency Authorised Representative:

Name: _____ Date: _____

Signature: _____ Electronic Signature

Name of Approved Agency submitting vetting request:

Section 2: Applicant to complete and return to Approved Agency

**Denotes a mandatory field*

Personal Information

Details (note: the name you are most commonly known by is your primary name)

*Family name (Primary):

Given name(s):

*Gender: (M) (F) (Other) *Date of birth:
(dd/mm/yyyy)

Place of birth:
(Town/City/State)

*Country of birth:

NZ Driver Licence number:

Previous names: If applicable, please include other alias or alternate names; married name if not your primary name; previous/maiden/name changed by deed poll or statutory declaration.

Family name	First name	Middle names
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Permanent Residential Address

*Number/Street:

Suburb: Post Code:

*City/Town/
Rural District:

Section 3: Applicant to complete and return to Approved Agency

Consent to release information

1. The New Zealand Police may release **any** information they hold if relevant to the purpose of this vetting request. This includes:
 - Conviction histories and infringement/demerit reports
 - Active charges and warrants to arrest
 - Charges that did not result in a conviction including those that were acquitted, discharged without conviction, diverted or withdrawn
 - **Any** interaction I have had with New Zealand Police considered relevant to the role being vetted, including investigations that did not result in prosecution
 - Information regarding family violence where I was the victim, offender or witness to an incident or offence, primarily in cases where the role being vetted takes place in a home environment where exposure to physical or verbal violence could place vulnerable persons at emotional or physical risk.
 - Information subject to name suppression where that information is necessary to the purpose of the vet
2. If I am eligible under the Criminal Records (Clean Slate) Act 2004, my conviction history will not be released **unless**:
 - a. Section 19(3) of the Clean Slate Act applies to this request (exceptions to the clean slate regime)
 - b. Section 31(3) of the Vulnerable Children Act 2014 applies to this request (safety checks of core children's workers).
 - c. The vetting request is made by an individual for the purpose of an overseas Visa/Work Permit as a Privacy Act request authorising the vetting result to be provided directly to the relevant embassy, high commission or consulate.

Please see the [guide](#) for more information regarding the Clean Slate legislation.

3. The Police Vetting Service may disclose newly-obtained relevant information to the Approved Agency after the completion of the Police Vet in the following circumstances:
 - The disclosure of the newly-obtained information is considered to be justified under the Privacy Act 1993 (if it had existed or been available at the time of the Police vet, it would have been disclosed); and
 - The Police Vetting Service has taken steps to confirm that the purpose of the Police vet still exists – e.g. that I got the role which required a Police vet and am still employed or engaged in it.

The Vetting Service will endeavour to notify you prior to the disclosure.

4. Information provided in this consent form may be used to update New Zealand Police records.
5. I am entitled to a copy of the vetting result released to the Approved Agency (to be provided by the agency) and can seek a correction by contacting the Vetting Service.
6. The Approved Agency will securely dispose of this consent form, copies of identification documents and the vetting result within 12 months of receiving the result unless a longer retention period is required by legislation.
7. I may withdraw this consent, prior to Police's disclosure of the vetting result, by notifying the Approved Agency.

For further information, please see the [Guide to Completing the Consent Form](#).

Applicant's Authorisation:

- ✓ I confirm that the information I have provided in this form relates to me and is correct.
- ✓ I have read and understood the information above.
- ✓ I authorise New Zealand Police to disclose any personal information it considers relevant to my application (as described above) to the Approved Agency making this request for the purpose of assessing my suitability at any time.

Name: _____

Date: _____

Signature: _____

Electronic
Signature

