KAMO INTERMEDIATE

Assistant Caretaker

APPLICATION PACK

Download your application pack from the Kamo Intermediate School website

www.kamoint.school.nz

School Visits	By appointment
Closing Date	**4pm, Friday 6 September 2024**
Start date	To be arranged
Send to	Email your completed application pack and CV to Shiree Small **ssmall@kamoint.school.nz** Applications must be received by **4pm, Friday 6 September 2024**

Guidelines for Applicants	
Checklist	Your Application should include: • Completed application pack (referees will be contacted by phone) • Covering Letter • CV
For further information	Phone: Shiree Small Kamo Intermediate School: 09 435 0343

KAMO INTERMEDIATE SCHOOL
APPLICATION FOR EMPLOYMENT

Important Notes for Applicants

Thank you for applying for a position with our school.

1. Please fully complete this form personally. Read it through, then answer all questions and make sure you sign and date where indicated on the last page.
2. Attach a curriculum vitae (CV) containing your skills and experience.
3. 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.
4. If you are selected for an interview you may bring whānau/support people at your own expense. Please advise if this is your intention.
5. Failure to complete this application and answer all questions truthfully may result in any offer of employment being withdrawn or appointment being terminated, if any information is later found to be false.
6. This application form and supporting documents will be held by the board. You may access these in accordance with the provisions of the Privacy Act 1993. If you have any queries, please contact the person cited in the advertisement.

APPLICATION FOR EMPLOYMENT

Assistant Caretaker

APPLICATION PACK

Circle one

Mr Mrs Ms Miss

Or other preferred title: _____

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	
Mobile:	Home:

Identity Verification, Criminal Record and Right to Work

Please indicate by deleting Yes / No

I*mmigration information* Are you a New Zealand citizen? If not, do you have permanent resident status, or A current work permit	Yes / No Yes / No
Have you ever had a criminal conviction? If "Yes" please detail: (*A board may not employ or engage a children's worker who has been convicted of an offence specified in Schedule 2 of the Vulnerable Children Act 2014. The Clean Slate Act does not apply to schedule 2 offences.)*	Yes / No
Have you ever received a police diversion for an offence?	Yes / No
Have you ever been discharged without conviction for an offence?	Yes / No
Do you have a current New Zealand driver's licence?	Yes / No
Have you ever been convicted of a driving offence which resulted in temporary or permanent loss of licence, or imprisonment?	Yes / No
Are you awaiting sentencing or do you have charges pending? If "Yes"' please state the nature of the conviction/cases pending:	Yes / No
In addition to other information provided are there any other factors that we should know to assess your suitability for appointment and your ability to do the job?	Yes / No
Have you ever been the subject of any concerns involving child safety?	Yes / No
Have you had any injury or medical condition caused by gradual process, disease or infection, such as occupational overuse syndrome which the tasks of this position may aggravate or contribute to?	Yes / No
Do you have any medical condition that we need to be aware of that could prevent you from carrying out this role?	*Yes / No*

Educational Qualifications

	Name	Location	Qualification Gained
University			
Other			

Employment History

Please list your work experience for the last five years beginning with your most recent position. Please explain any gaps in employment. If you were self-employed, give details. Attach additional sheets if necessary.

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***			

Referees

Please provide the names of three people who could act 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.

Name	Organisation	Position/ Relationship	Mobile

Authority to approach other referees

I authorise the Board, or nominated representative, to approach persons other than the referees whose names I have supplied, to gather information related to my suitability for appointment to the position.	Yes / No
I authorise the Board, or nominated representative, permission to access any information held by any organisation, including information regarding matters under investigation, to gather information related to my suitability for appointment to the position.	Yes / No

I certify that:

- The information I have supplied in this application is true and correct.
- I confirm in terms of the Privacy Act 1993 that I have authorised access to referees.
- 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 _____