



**CONFIDENTIAL: To be completed personally by Applicant**

**Note:** The completion of this form does not indicate that there is any obligation on Knox College and Salmond College Incorporated to engage the applicant.

**Please Print**

**DATE OF APPLICATION:** \_\_\_\_\_

**POSITION APPLIED FOR:** \_\_\_\_\_

**YOUR NAME (IN BLOCK LETTERS):**

Surname \_\_\_\_\_ Given Names (underline name used) \_\_\_\_\_

**YOUR HOME ADDRESS (INCLUDING POSTAL CODE) & CONTACTS:**

Address \_\_\_\_\_  
\_\_\_\_\_

Home Phone No.: \_\_\_\_\_

Cell Phone No.: \_\_\_\_\_

Email address: \_\_\_\_\_

**ENTITLEMENT TO WORK**

Are you a New Zealand or Australian citizen? YES/NO      If Yes, which? \_\_\_\_\_

If No:

Are you legally entitled to work in New Zealand ?      YES / NO

Do you hold a New Zealand Work Permit covering the type of work applied for?      YES / NO

Do you hold a visitor or student work permit covering the type of work applied for?      YES / NO

**EXISTING AND PREVIOUS CONDITIONS**

Do you have, or have you suffered from, any physical, medical or other condition that may affect how you perform the job you have applied for?      YES / NO

If the answer is YES, please give details below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ABILITY TO PERFORM THE JOB APPLIED FOR**

a. What particular skills do you bring to this position?

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b. Are you currently employed?

YES / NO

If YES, please detail: \_\_\_\_\_  
(Note: This information is very important and must be completed accurately).

If your application were successful, what notice period do you need to give your current employer?

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**REFEREES**

Give name, address and telephone numbers of three referees, at least two of whom should relate to previous employment.

| <b>Name</b> | <b>Position</b> | <b>Address</b> | <b>Phone No.</b> |
|-------------|-----------------|----------------|------------------|
| _____       | _____           | _____          | _____            |
| _____       | _____           | _____          | _____            |
| _____       | _____           | _____          | _____            |

I consent to Knox College and Salmond College Incorporated seeking verbal or written information about me from my nominated previous employers and my stated referees and authorise such information sought to be released.

YES / NO

Signature \_\_\_\_\_

Date: \_\_\_\_\_

**QUALIFICATIONS**

Do you have any other qualifications/certificates/licences or attended any courses which you consider relevant to the position applied for? (Give details below).

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**CRIMINAL HISTORY**

Have you ever been convicted of any civil or criminal offence or are you currently awaiting trial on any criminal or civil matter (other than offences protected by the ‘clean slate’ legislation: see the Ministry of Justice website if in doubt)?

YES / NO

If yes, details please \_\_\_\_\_

Under the terms and conditions set by Knox College and Salmond College Incorporated, all staff must have a security clearance prior to commencing their service at the College. Applicants must be aware that this is a Security/Police record check, subject to the requirements of the Criminal Records (Clean Slate) Act 2004 and must indicate their acceptance for this check to proceed.

Driver’s License no: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
*This information is necessary to complete a Security/Police check)*

I agree to Knox College and Salmond College Incorporated carrying out a security/police check.

\_\_\_\_\_  
Signature

**GENERAL**

Do you consent to the College retaining the information contained in this application form? YES / NO

If your application is accepted when could you commence employment? \_\_\_\_\_

**DECLARATION**

I \_\_\_\_\_ (full name to be printed by Applicant)  
declare that to the best of my knowledge the answers in this application are correct and I understand that if any false or deliberately misleading information is given, or any material fact suppressed, I may not be considered for employment, or if I am employed, my employment may be terminated. I also understand that any relevant false information given may result in my loss of entitlement for any compensation from ACC or any other injury insurer.

I further accept that if I am successful in this application and commence employment with the College, the information contained herein and any other information gathered in the course of my employment will be available to management; and in addition, I clearly understand that my employment does not commence until I have signed my Employment Agreement.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

- Applicants must ensure they clearly understand and accept the reasons for requesting the information above, AND FURTHER that they clearly understand the implications of their giving authority to provide information or allow information to be gathered.

I have enclosed a C.V. YES / NO

I have enclosed a covering letter YES / NO