

St Peter's College Catholic School for Boys

APPLICATION FOR APPOINTMENT

Applications to: Headmaster's PA

St Peter's College 23 Mountain Road

Epsom

AUCKLAND 1023

Email: humanresources@st-peters.school.nz

Please complete all sections of this form, then sign and date it.	
Position Applying For:	
Personal Details	
Surname:	Mrs Miss Ms Mr Dr
First names:	
Previous surname (if any):	Date of birth:
Full postal address:	
Contact telephone (work) (l	home)(mobile)
Email:	

Employment History

This section must be completed. Summarise please – date order

Employer	Position Held	Permanent/ Fixed Term	Period Worked	Reason for Leaving

Citizenship and Right to	Work					
	en? anent resident status? rent work permit?	Yes	No □ □ □			
Educational Qualification	IS					
If successful in your applica	tion, you will be required to	o provide originals	s as proof of qualifications.			
Please state your tertiary l	evel qualification/s:					
Teacher Registration No:	Expiry:		Category:			
Referees						
Please provide the names of three people who could act as referees for you. Please note that we may contact these referees.						
Name	Email Address	Telephone	Relationship (e.g. employer/principal)			
Medical						
Have you had an injury or n	nedical condition which may	/ affect your empl	oyment? Yes / No			
affected?		ndition? How is y	our performance likely to be			
			······································			
Safety Check						
•	,		charges pending? Yes / No			
If YES, please provide ful	Il details:					
 Have you ever been subj 	ect to any disciplinary inves	stigation in any pre	evious employment? Yes / No			

• Short listed applicants will be asked to give consent to a police vet.

The successful applicant is expected to participate in the co-curricular activities provided by the college for its boys. Indicate the co-curricular you are willing to be involved with.
 I give permission for St Peter's College to contact my current/former employers who may not be listed as referees. I give permission for St Peter's College to verify my information with the New Zealand Education
 Council. I certify the information provided is correct and no relevant material/information has been omitted.

Signed: Date:

Co-curricular Activity