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| **Office Administrator Position Application Form** |
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| ***Please post or email to:*** |  | PrincipalGrantlea Downs School65 Grants RoadTimaru 7910 or office@grantleadowns.school.nz |
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| **Position applied for:** | Office Administrator |
|  |
| **personal details** |
| Surname |  |
| Given names |  |
| Preferred name |  |
| Address |  |
|  |
|  |
| Contact details | home |  | work |  |
|  | mobile |  | email |  |
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|  |
| **Educational Qualifications****(if applicable)** | Type of qualification | Date received | Received from |
|  |  |  |
|  |  |  |
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| --- | --- | --- |
| Period Worked | Employers Name | Position Held |
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| **Details of Training and Service** Please include details of your work history for the last 5 years. |

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| **confirmation** |
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| **1** | I certify that the information given in this application is, to the best of my knowledge, true and correct. I understand that the claims made in my application may be checked.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 dismissed. | **yes** | **no** |

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| 2 | In accordance with the Privacy Act, I authorise the board of trustees to:* Obtain further information from the referees listed in this application, and I consent to the referees disclosing such information to the board
* Obtain information in relation to my application from persons not listed as referees, and I consent to these persons disclosing pertinent information to the board.
 | **yes** | **no** |
| 3 | **offences against the law[*Cross out the statements that don’t apply to you*]*** I have never been convicted of an offence against the law (excluding minor traffic convictions).
* I have no pending charges of an offence against the law.
* I have been convicted of an offence against the law.*Please give dates and details:*
* I have pending charges of an offence against the law.*Please give dates and details:*
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|  | **Physical Restraint Certificate**Have you completed the Physical Restraint Certificate  | **yes** | **no** |
|  | If you answered NO above, are you willing to undertake the Ministry of Education Training if required? (on-line module) | **yes** | **no** |
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|  |  |  |
| *Applicant’s signature* |  | *Date* |

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| **Referees** |
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| Please provide the names and contact details of three referees below. Referees’ reports are confidential to the board. Referees will only be contacted for candidates who are short-listed. |
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| **referee’s details** |
| Full name |  |
| Position |  |
| Relationship to the applicant |  |
| Contact details | private |  | work |  |
| mobile |  | email |  |
|  |
| **referee’s details** |
| Full name |  |
| Position |  |
| Relationship to the applicant |  |
| Contact details | private |  | work |  |
| mobile |  | email |  |
|  |
| **referee’s details** |
| Full name |  |
| Position |  |
| Relationship to the applicant |  |
| Contact details | private |  | work |  |
| mobile |  | email |  |