



**Application for Employment at One Tree Hill College**

**Personal Information:**

Full Name

Surname \_\_\_\_\_

Forenames \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Private Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email Address \_\_\_\_\_

**Education:**

Degrees/Diplomas \_\_\_\_\_ Year \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Certificate TTC/ Dip Tch / H Dip Tch / Special \_\_\_\_\_

Date of Certification \_\_\_\_\_

Teacher Registration No \_\_\_\_\_ Expiry Date \_\_\_\_\_

Other Qualifications \_\_\_\_\_

\_\_\_\_\_

**Relevant Relationships:**

Are you related to any One Tree Hill College employee or Board Member? Yes / No

If Yes, please provide details \_\_\_\_\_

\_\_\_\_\_



**One Tree Hill**  
COLLEGE

**Current Employment:**

Position \_\_\_\_\_

Date of appointment to this position \_\_\_\_\_

School / Institution \_\_\_\_\_

Location \_\_\_\_\_

Immediate Manager  
Name \_\_\_\_\_

Position \_\_\_\_\_

**Health:**

Do you have any known condition which may affect your ability to efficiently carry out the functions and responsibilities of the position applied for? Yes / No

If Yes, please specify / describe \_\_\_\_\_

\_\_\_\_\_

**Criminal Record:**

Have you ever been convicted of any criminal offence (other than a minor traffic offence)?

Yes / No

If Yes, please list criminal convictions, except those cases where our asking you to declare them would breach the Criminal Records (Clean Slate) Act 2004.

\_\_\_\_\_

\_\_\_\_\_

Are you currently awaiting the hearing of any criminal charge? Yes / No

**Referees:**

Please provide details of your three referees:

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Email \_\_\_\_\_

Private Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Relationship with this person \_\_\_\_\_



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Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Email \_\_\_\_\_

Private Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Relationship with this person \_\_\_\_\_

\_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Email \_\_\_\_\_

Private Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Relationship with this person \_\_\_\_\_

\_\_\_\_\_

Please sign below to indicate:

- That the information provided on this application form is to the best of your knowledge.
- That you acknowledge that these responses may be critical to your evaluation for and possible appointment to the position applied for, and that they may be relied on by the Board of Trustees in these respects.
- That you expressly agree in respect to the Privacy Act 1993 that the Board of Trustees may make further confidential enquiries with your referees; with your current and previous employers; and with current and previous colleagues for evaluative purposes, and that you authorize the release of such confidential information to the Board of Trustees.
- That you agree that the information received by the College is supplied in confidence as evaluative material and will not be disclosed to you.

Signature \_\_\_\_\_

Date \_\_\_\_\_