



BOSCO

Beckenham Out of School Care Organisation

P O Box 28 082, Beckenham
Christchurch 8242
027 645 6632
boscoincorp@gmail.com
www.bosco.org.nz

APPLICATION FOR EMPLOYMENT

Applicants Full Name: _____

Home Phone: _____

Mobile No: _____

Email Address: _____

Postal Address: _____

Date of Birth: _____

Position/s Applying for: _____

Available Start Date: _____

This information is collected for the purpose of assessing your suitability for employment with the Beckenham Of School Care Organisation Incorporated and for their safety to work with children. It may be used in connection with any subsequent changes of your employment within the organisation. You have the right to access this information and amend it at any time if it contains any errors.

Education	Name	Location	Time Attended	Highest Qualification Gained
Secondary School				
Private Training Establishment				
Polytechnic				
University				
Other				

Personal Qualities

Indicate what personal qualities you believe you have that are relevant to the position you are applying for.

Skills

List all the skills you have which are relevant to the position and how you gained and demonstrated these skills. Copies of any certificates etc should be attached.

Previous Work Experience *(Please begin with you most recent employment, attach additional sheets if required. Please also attach a current copy of your resume)*

Name of employer _____	Name of supervisor _____	Employment Dates From _____ To _____
Address _____ _____		
Phone Number _____	Job Title _____	
Reason for leaving <i>(be specific)</i> _____ _____		
List the roles you held, duties performed, skills used or learned, advancements or promotions while you worked in this organisation _____ _____		

Name of employer _____	Name of supervisor _____	Employment Dates From _____ To _____
Address _____ _____		
Phone Number _____	Job Title _____	
Reason for leaving <i>(be specific)</i> _____ _____		
List the roles you held, duties performed, skills used or learned, advancements or promotions while you worked in this organisation _____ _____		

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Reason for leaving <i>(be specific)</i> _____ _____		
List the roles you held, duties performed, skills used or learned, advancements or promotions while you worked in this organisation _____ _____		

Referees *(Please give details of referees you authorise us to contact. Feel free to attach any references you have available. We will advise if we are going to contact your referees, please ensure they are aware we may contact them, please list at least 2 work related ones)*

Name	Position	Address	Contact Number	Work/Personal

Existing Conditions

Do you have any condition/s which may affect your ability to effectively carry out this position?
(Please include everything including migraines etc, this information will only be used to help us be aware of your needs, and will not necessarily be a bar to employment)

Employment Status

Do you have a legal right to be employed in New Zealand?
(Please Tick)

YES	<input type="checkbox"/>
NO	<input type="checkbox"/>

If No, please give details _____

Criminal Offences

Have you ever been charged with a criminal offence?

NO	<input type="checkbox"/>
YES	<input type="checkbox"/>

If Yes, Please give details _____

"Conviction of a crime will not necessarily be a bar to employment. Factors such as age at the time of the offence, type of offence, remoteness of the offence in time, and rehabilitation will be taken into account in determining the effect on suitability for this position.

Additional Supporting Information

Please feel free to provide any additional comments and material in support of your application.

Declaration

I declare to the best of my knowledge the answers to the questions in this application are correct. I understand that if any false information has been given or any material fact withheld, my application may not be accepted or if employed I may be dismissed without notice.

I give permission for BOSCO Incorporated to make such enquiries of such people as it considers necessary to assess my suitability for appointment within this organisation.

Signature: _____ Date: _____