

TRIDENT HIGH SCHOOL BOARD OF TRUSTEES

APPLICATION FORM

INSTRUCTIONS

Please complete this application form.

In addition provide a cover letter, your CV and preferably include a recent photo.

Ensure all documentation is returned to the Principal's PA
pa@trident.school.nz

OR if you wish to contact the Principal

Principal@trident.school.nz

Trident High School

Arawa Road

Whakatane 3120

Adrienne Scott-Jones

B.A Hons. P.G.C.E

Principal



TRIDENT HIGH SCHOOL BOARD OF TRUSTEES

Principal: Mrs Adrienne Scott-Jones
 Phone: 07 308 8159
 Email: principal@trident.school.nz

Trident High School
 Arawa Road
 Whakatane

Title: Mr/ Mrs/ Miss/ Ms		Gender: M F circle	
Surname:		First Name:	
Preferred Name (If Different):			
Postal Address:			
Phone:		Cell:	Email:

Highlight or tick boxes.

Personal Details

Birth Date: / /					
		Yes		No	
Have you ever been convicted of a criminal offence (other than a minor traffic offence)? If successful a Police Vet will be sought. <i>If yes, please provide further information on a separate sheet.</i>					
Do you have an injury or medical condition or any other condition that could affect your ability to effectively carry out the duties and responsibilities of the position? <i>If yes, please provide further information on a separate sheet.</i>					
If relevant to this position, do you have a current drivers licence. <i>If you have driving restrictions, please provide further information on a separate sheet</i>					
Are you a NZ Citizen? If not do you have resident status/ a current work permit <i>If yes, please provide further information on a separate sheet.</i>					
Do you smoke?					
How many days absence in your last 12 months of employment were due to sickness, injury and/or accident?					
0-2 days	3-5	6-10	11-15	16-20	Over 20 days
<i>If more than 10, please provide further information on a separate sheet.</i>					

Work History:

Please list all work experience, start with the most recent, i.e. your current position.

Position	Date (from / to)

Expand boxes or Insert other rows as required

REFEREES (3 required):	
Name	
Position	
Phone	
Cell	
Email	
<hr/>	
Name	
Position	
Phone	
Cell	
Email	
<hr/>	
Name	
Position	
Phone	
Cell	
Email	
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Proof of identity – Please provide two forms of original identification documents. At least one of the identification documents must be photographic.

Category A	Document Name	Document No.	Expiry Date
Category B	Document Name	Document No.	Expiry Date
Name Change			

I grant permission for the Board of Trustees to ask people, other than those stated in the referees section above, about my suitability for the position:	YES	NO
<p>I _____ declare that to the best of my knowledge the answers in this application form and the information provided in my Curriculum Vitae are correct and I understand that if any false or misleading information is given, or any information suppressed, I will not be employed, or if I am employed, my employment will be terminated. By signing this form or sending it through digitally to apply for a position indicates that it will become part of my contract if employed – this is especially pertinent re involvement in co-curricular activities.</p>		
Signed:		
Date:		

NOTE: For email purposes your name will represent and carry the weight of your signature.