

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

Advertised : 8 August, 2022

Closing Date: 19 August @ 9.00am

Position commences as soon as possible



TRIDENT HIGH SCHOOL BOARD OF TRUSTEES

Principal: Mrs Adrienne Scott-Jones Trident High School
 Phone: 07 308 8159 Arawa Road
 Email: principal@trident.school.nz 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

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

Qualification	Date

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	

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.