

# 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  
[po@trident.school.nz](mailto:po@trident.school.nz)

OR if you wish to contact the Principal

[Principal@trident.school.nz](mailto:Principal@trident.school.nz)

Trident High School

Arawa Road

Whakatane 3120

**Adrienne Scott-Jones**

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

***Principal***

**APPLICATIONS CLOSE : 4.00PM Friday 30 July**



# TRIDENT HIGH SCHOOL BOARD OF TRUSTEES

Principal: Mrs Adrienne Scott-Jones  
Phone: 07 308 8159  
Email: [principal@trident.school.nz](mailto:principal@trident.school.nz)

Trident High School  
Arawa Road  
Whakatane

## Application for the position of Futures Academy/Careers Office Administrator

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

Highlight or tick boxes.

### Personal Details

Birth Date:     /     /					
	<b>Yes</b>	<b>No</b>			
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

<b>REFEREES (3 required):</b>	
Name	
Position	
Phone	
Cell	
Email	
<hr/>	
Name	
Position	
Phone	
Cell	
Email	
<hr/>	
Name	
Position	
Phone	
Cell	
Email	
<hr/>	

**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.**