**APPLICATION FOR EMPLOYMENT CONFIDENTIAL**

*To be completed personally by the Applicant.*

**Note:** The completion of this form does not indicate that there is any obligation on the part of the Company to engage the applicant.

The information requested herein is required by the Company to assist in considering your suitability for employment with the Company.

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| --- | --- |
| First Name: | Family Name: |
| Mobile No: | Date of Birth: |
| Email: |
| Position Applied for: |
| Date of Application: |

If your application is successful, when can you commence employment?

What is your availability for the role? Preferred days/ hours?

Are you legally entitled to work in NZ? Yes / No

NZ Citizen / Permanent Resident / Current Work Permit / Other please specify

Have you ever been convicted of a criminal offence or do you know of any reason why the police might consider you a risk to children or as an employee? Yes / No

Are you awaiting the hearing of charge in a civil or criminal court of law? Yes / No

Has any previous employer taken any disciplinary action regarding you? Yes / No

Please give details here:

Have you had any condition, problem, injury, illness or condition that would have affected your ability in the past or may affect your ability to carry out the responsibilities of the position applied for?

Please specify:

What do you know about TLC?

Why do you think you get along with children?

What do you like best & least about working in ECE?

What do you consider to be important when communicating with children?

What do you see as the biggest challenge coming into this role & why?

Do you have any questions for us?

Declaration:

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ declare that to the best of my knowledge the information provided in this application & in any resume enclosed is accurate and I understand that if any of the information is false or misleading, I will not be employed, or if I am employed, my employment will be terminated.

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_