



STRATFORD HIGH SCHOOL

Non-teaching Application Form

A. Position Applied For

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B. Personal Details:

Mr / Mrs / Ms / Miss Surname:	First Names:
Full Postal Address: _____ _____ _____	Contact Details: Phone: () - - Fax: () - - Mobile: () - - E-mail:
Gender (For statistical purposes only): Male / Female	

C. Referees

Approval is hereby given for the Stratford High School Board of Trustees to contact the referees below and inquire about the professional performance of the applicant. Please list the names and contact details of three referees.			
	Name	Address	Telephone
1.			(__) ___ - ____ (bus) (__) ___ - ____ (home)
2.			(__) ___ - ____ (bus) (__) ___ - ____ (home)
3.			(__) ___ - ____ (bus) (__) ___ - ____ (home)

D. Declarations (Note: If you answer YES to any question, please provide details on a separate sheet. Failure to provide correct and true details of any convictions or reason for possible unsuitability will make the applicant liable for dismissal from the position if appointed.)

- | | YES | NO |
|---|--------------------------|--------------------------|
| 1. Have you ever been convicted of a criminal offence (apart from minor traffic convictions)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you have any injury or illness that may affect your ability to effectively carry out the duties and responsibilities of the position? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are there any reasons why you should not be employed to work in a school environment? | <input type="checkbox"/> | <input type="checkbox"/> |

I, _____, do solemnly and sincerely declare that to the best of my knowledge and belief, the information given in this application is true and correct.

Signature: _____ Date: _____

Please attach a current copy of your Curriculum Vitae with this application form.

Post your application to:

Mr P Keenan
Principal
Stratford High School
PO Box 204
Stratford, 4352

Enquiries:
Tel: (06) 765-6039
Fax: (06) 765-5356
E-mail: mail@stratfordhigh.school.nz