



## Other relevant information

### Medical

Do you have any medical known condition that may affect your ability to carry out the duties and responsibilities outlined in the job description? Yes ☐ No ☐

If yes, please provide details:

Present employer, current position and salary step?

List qualifications and experience relevant to this position:

If you wish, please state any special qualifications, experience or strengths you feel you possess that support your application:

## Referee Information

Please provide the names and contact details of three people who could act as referees for you.

<b>1. NAME</b>			
Position held		Home Phone No:	Business Phone No:
Relationship to applicant:		Email address:	
<b>2. NAME</b>			
Position held		Home Phone No:	Business Phone No:
Relationship to applicant:		Email address:	
<b>3. NAME</b>			
Position held		Home Phone No:	Business Phone No:
Relationship to applicant:		Email address:	

### DECLARATION

I have nothing to declare that may affect my ability to perform this job now or in the future, should I be successful in gaining the position. I declare that, to the best of my knowledge, the answers in this application are correct and I understand that if any false or deliberately misleading information is given, or any material fact is suppressed, I will not be accepted or, if I am employed, my employment will be terminated. I agree to the references/referees provided in respect of my application for this position being used for the purposes of considering my suitability for the position. I also agree that the Board may make further verbal or written enquiry from the referees provided, from my previous employer(s) and from any others it considers appropriate.

Signature .....

Date .....

Please return this form to the Principal's Secretary,  
Mount Hutt College Methven, PO Box 58, Methven.  
E-mail: lumsdene@mthutt.school.nz

### RECEIPT OF APPLICATION for the position at Mount Hutt College Methven

(Applicant please fill in b-c)

a) Position applied for:

b) Applicant's Name : .....

c) Applicant's Postal Address: .....

Date Application Received: (to be filled in by employer) .....

Thank you for your application.