



APPLICATION FOR EMPLOYMENT

Tena koe,

Nga mihi nui ki a koe,

We are grateful to you for taking the time to complete this form. It is important to gather as much information about you to ensure a good match between the successful applicant and the vacancy.

All information that you provide is strictly confidential. It will be used only to assess your suitability for employment with Tui Ora Ltd. The information will be held in secure files, and as per the Privacy Act 1993 no information will be disclosed to third parties without your authorisation except as required by law.

Information on unsuccessful applications will be held for twelve months and then destroyed.

Confidential To be completed personally by applicant - Please print clearly

The completion of this form does not indicate that there is any obligation on the employing authority to engage the applicant.

Date of Application: _____ Position Applied For: _____

If accepted, when can you start? _____

How did you hear about this vacancy? _____

PERSONAL INFORMATION

Applicant's Name: Mr Mrs Miss Ms *(Please circle one applicable)*

What is your family name? _____

Prior family name? _____

What are your given names? _____

Are you known by any other name(s)? **Yes / No**

If 'Yes' please list them here _____

What is your present residential address?

Phone number? Home: _____ Work: _____ Mobile: _____

Email: _____

Do you have the legal right to work in New Zealand? (e.g. a work permit) **Yes / No**

Do you have a current driver's licence? **Yes / No**

Drivers Licence No. _____ Class of licences held: _____

Do you have any demerit points or endorsements? **Yes / No**

If yes, give details _____

What transport arrangements do you have to attend your place of employment? _____

Is there anything that you wish to share that could affect your attendance on the job? **Yes / No**

If yes, give details _____

HEALTH

The Injury Prevention Rehabilitation and Compensation Act 2001 and its amendments imposes significant obligations on employers to ensure safety in employment, this includes the identification and elimination or isolation of hazards.

Do you suffer from any injury, ailment or condition that may affect your performance or regular attendance at work, or that may adversely affect the health and safety of yourself or others? **Yes / No**

If yes, please provide details _____

In the event that your application for employment is successful, do you consent to a medical check with a registered health professional nominated by Tui Ora Limited if requested? **Yes / No**

Who should we contact in the event of an emergency?

Name: _____ Tel No. _____

Address: _____

CONVICTIONS

Have you ever been convicted of a criminal offence? **Yes / No**

If Yes please state the nature and details of the offence in writing on a separate piece of paper, place in a sealed envelope and attach to this application form.

Do you consent to a Police Criminal Check? **Yes / No**

EDUCATION/QUALIFICATIONS/SKILLS

What is your highest level of education? _____

What qualifications do you have? (Diploma, Certificates, Special Qualifications etc)

What other awards or prizes have you received?

What other relevant courses or programmes have you completed?

What further studies are you currently undertaking?

What other skills do you have? (Language, Computer Skills, First Aid Training)

PROFESSIONAL AFFILIATIONS:

What affiliations do you have?

Are you registered with any professional body or trade?

Yes / No

If yes, who? _____

PREVIOUS EMPLOYMENT - List current job first and continue on separate sheet (if necessary)

Employer's Name: _____

Address: _____

Position Held: _____

Employed From: _____ To: _____

Responsibilities: _____

Hours of Work: _____ Reason for Leaving: _____

Employer's Name: _____

Address: _____

Position Held: _____

Employed From: _____ To: _____

Responsibilities: _____

Hours of Work: _____ Reason for Leaving: _____

Employer's Name: _____

Address: _____

Position Held: _____

Employed From: _____ To: _____

Responsibilities: _____

Hours of Work: _____ Reason for Leaving: _____

Employer's Name: _____

Address: _____

Position Held: _____

Employed From: _____ To: _____

Responsibilities: _____

Hours of Work: _____ Reason for Leaving: _____

Give details of any other job which may be relevant:

Do you have any other employment? Yes / No

If yes, please give details: _____

INTERVIEW:

If required for an interview, do you wish to bring your whanau or support group? Yes / No

If Yes, how many? _____

REFERENCES

Please provide details of referees we can contact. Two should be preferably work related. **For the purposes of compliance with the Privacy Act 1993, do you consent to the Company contacting your present employer for the purposes of reference checking?**

Name of Referee: _____

Organisation: _____

Address: _____

Phone number? Home: _____ Work: _____ Mobile: _____

Email: _____

Name of Referee: _____

Organisation: _____

Address: _____

Phone number? Home: _____ Work: _____ Mobile: _____

Email: _____

Name of Referee: _____

Organisation: _____

Address: _____

Phone number? Home: _____ Work: _____ Mobile: _____

Email: _____

Please attach any other information you consider will support your application e.g. Curriculum vitae.

DECLARATION

I, _____ (full name) 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, or any material fact is suppressed, I will not be accepted, or if I am

employed, my employment may be terminated. I also understand that any false information given in relation to my medical history may result in my loss of entitlement for any compensation from Accident Compensation Corporation (ACC).

Signed: _____ Date: _____