**Application Form**

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| 1. **Position**
 |
| Job Title |  |
| Attach Documents |  |
| 1. **Personal Information**
 |
| Name Title |  |
| Family Name |  |
| Given Name(s) |  | Preferred Name: |
| Address: |  |
| Home Phone: |  | Mobile:  |  |
| Email Address: |  |
| 1. **Citizenship, Permanent Resident or Work Visa**
 |
| Are you legally entitled to work in New Zealand? |  |
| If yes, select one of the following options:     |
| 1. **History Employment** (please state duration of each employment)
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| **Name of Organisation and role** | **Duration of Employment** (from dd/mm/yytodd/mm/yy**)** |
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| 1. **Medical**
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| **Do you have any previous or pre-exisiting injuries or medical condition that may be aggravated by the requirements of this position or prevent you carrying out its responsibilities.** |  |
| **If yes, please provide details of injuries/your medical condition(s) and how your performance is likely to be affected?** **(Please note that declaration of a medical condition will not rule you out of consideration, but you may be required to provide a medical clearance and/or to authorize ACC to release your injury history record.** |
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| 1. **Information for Disclosure of Criminal Convictions**
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| **If you are applying for a role as a caregiver, the Criminal Records (Clean Slate) Act 2014 applies apply.****Please complete a signed copy of:*** [**Police Vetting Form**](http://www.police.govt.nz/sites/default/files/publications/pvs-vetting-request-and-consent-form.pdf) **(for roles working with vulnerable clients or a role which may involve working with children**

 **or*** [**Criminal Convictions Check**](http://www.police.govt.nz/sites/default/files/publications/pvs-vetting-request-and-consent-form.pdf) **(Ministry of Justice – for all other roles)**
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| **Have you been convicted of a criminal offence?** **If yes, please disclose the criminal offence.** |
| 1. **Referees**
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| **Please list three referees who we could contact about your suitability for the position. One of the referees must include your current or most recent manager.**  |
| **Name/position:** | **Ph/Cell:** | **Email:** |
| **Name/position:** | **Ph/cell:** | **Email:** |
| **Name/position:** | **Ph/cell:** | **Email:** |
| 1. **Annual Practicing Certificate (*Please answer this section ifyou are a registered nurse)***
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| **Do you have a current practicing certificate?**  |
| 1. **Availability**
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| **What kind of employment are you seeking?**  |
| **Are you able to work on a rotating roster over a 7-day week including split shifts and night shifts?****If no, please state why not.** |
| **Are you restricted to working limited hours?** **If yes, please detail any restrictions.** |
| 1. **Declaration**
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| I undertake that the information provided by me is correct and complete. I understand and agree that any incorrect, incomplete or misleading information provided may result in my being disqualified from this application process, or dismissed if I have successfully obtained employment.Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |