**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) | | | | | | |
| **Name of Organisation and role** | | | | | **Duration of Employment** (from dd/mm/yytodd/mm/yy**)** | |
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| 1. **Medical** | | | | | | |
| **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** | | |
| **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)** | | |
| **Have you been convicted of a criminal offence?**    **If yes, please disclose the criminal offence.** | | |
| 1. **Referees** | | |
| **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)*** | | |
| **Do you have a current practicing certificate?** | | |
| 1. **Availability** | | |
| **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** | | |
| 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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |