

APPLICATION FOR EMPLOYMENT

PRIVATE & CONFIDENTIAL

Return this form to: _____ Ref. no: _____

Position applied for: _____

Surname: _____ Given name(s): _____ Title: _____

Address: _____

Telephone number (landline): _____

Telephone number (mobile): _____

Email address: _____

Which iwi/hapu do you belong to? _____

Current driving licence? Yes No

Details of licence: _____ Conditions: _____

Licence class: _____ Expiry date: / /

Are there any restrictions on you taking up employment in New Zealand? Yes No
(If yes, please provide details)

Are you eligible to work in New Zealand? Yes No

If yes, please select your status by ticking one of the following:
 Citizen
 Permanent Resident
 Work Visa

The Company promotes a no smoking policy, please confirm if you consent by selecting one of the following: Yes No

Do you have any disputes/ cases pending regarding your registration practice with the Tribunal? Yes No

Do you consent to police vetting? Yes No

Do you consent to the Company checking your qualifications with NZQA? Yes No

I declare that I currently do not have/ have not had any issues with Child, Youth & Family on any personal matters

Te Piki Oranga is subject to the COVID-19 Public Health Response (Vaccinations) Order 2021

Are you vaccinated against Covid19:

First dose **Second dose** **Booster (3rd) dose** **No**

If not eligible for booster dose yet (6 months/180 days after second dose), when are you due?

Have you scheduled an appointment for your booster?

DATE:

Education history

Schools: _____ Qualifications gained: _____

Colleges/universities _____ Qualifications gained: _____

Other training: _____ Qualifications gained: _____

Employment history

(Please complete in full listing your most recent employment first and use a separate sheet if necessary)

1. Name of employer: _____

Address of employer: _____

Job title and duties: _____

Start salary: _____ Finish salary: _____

Reason for leaving: _____

Notice required in current role: _____

2. Name of employer: _____

Address of employer: _____

Job title and duties: _____

Start salary: _____ Finish salary: _____

Reasons for leaving:

3. Name of employer:

Address of employer:

Job title and duties:

Start salary: Finish salary:

Reason for leaving:

4. Name of employer:

Address of employer:

Job title and duties:

Start salary: Finish salary:

Reason for leaving:

Current membership of professional bodies

Please note any professional bodies you are a member of or are registered with.

Other employment

Please note any other employment you would continue with if you were to be successful in obtaining this position.

References

Please note the names and addresses of two persons from whom we may obtain both character and work experience references.

1. Name:

Address:

Known in the capacity of

(i.e. Manager/Education)

Name:

2.

Address:

Known in the capacity of:
(i.e. Manager/Education)

Leisure

Please note your leisure interests, sports and hobbies, other pastimes etc.

Criminal record

Please note any criminal convictions. If none, please state. In certain circumstances, employment is dependent upon obtaining a satisfactory Police vetting check and/or children's worker safety check.

Please detail here your reasons for this application, your main achievements to date and strengths you would bring to this role. Specifically, please detail how your knowledge, skills and experiences meet the requirements of this role (as summarised in the position/job advertisement).

General comments

Declaration

(Please read this carefully before signing this application)

1. I confirm that the above information is complete and correct and that any untrue or misleading information will give my employer the right to terminate any employment contract offered.
2. I agree that the employer reserves the right to require me to undergo a medical examination. I understand that should the employer require further information and wish to contact my doctor with a view to obtaining a medical report, the employer will inform me of their intention and obtain my permission prior to contacting my doctor. In addition, I agree that this information will be retained on my personnel file during employment and for up to six years thereafter.
3. I agree that should I be successful in this application, I will, if required consent to a Police vetting check and/or children's worker safety check. I understand that should I fail to do so, or should the check not be to the satisfaction of my employer, any offer of employment may be withdrawn, or my employment terminated.

Signed: _____

Date: / / _____