



APPLICATION FOR EMPLOYMENT

Please print or type.

The purpose of this application form is to collect information to assist the Organisation make a decision as to your suitability for the position applied for. The information will be held with the appointing Manager and will be accessible only to members of the shortlisting and selection panels. If this application is unsuccessful, it will be held for a period of six months pending any reviews concerning an appointment decision and then destroyed.

POSITION APPLIED FOR: _____

PERSONAL DETAILS:

What is your preferred title? _____ Surname/Family Name: _____

First Names: _____

Postal Address: _____

Home Phone: _____ Work Phone: _____

Email address: _____ Fax: _____

REFEREES

Please give details of three referees whose consent has been obtained and who may be contacted for a confidential reference. (Where possible, at least two referees should be able to give work-related information and one of those should have supervised or have been senior to you in your current or most current employment.)

1 Name: _____

Contact Phone No: _____ Cell Phone: _____

Email address: _____ Fax: _____

2. Name: _____

Contact Phone No: _____ Cell Phone: _____

Email address: _____ Fax: _____

3. Name: _____

Contact Phone No: _____ Cell Phone: _____

Email address: _____ Fax: _____

Acknowledgement of receipt of Te Tai Tokerau PHO application form.

Name: _____ Date received _____

Address: _____

RELEVANT QUALIFICATIONS

Educational Facility: _____

Qualification: _____ Date: _____

Educational Facility: _____

Qualification: _____ Date: _____

EMPLOYMENT HISTORY (list most recent first)

Company: _____ Position held: _____

Hrs/wk: _____ Employed from: _____ To: _____

Reason for Leaving: _____

Company: _____ Position held: _____

Hrs/wk: _____ Employed from: _____ To: _____

Reason for Leaving: _____

Have you ever been convicted of a criminal offence? Yes No Are you legally entitled to work

Are you awaiting the hearing of charges in any court? Yes No in NZ? Yes No

If yes to any of these, please explain: _____

HEALTH AND SAFETY

The following information is required to assist *Company Name* meet its obligations under the Health and Safety in Employment Act 1992 and the Accident Insurance Act 1998.

Have you had an injury or medical condition caused by gradual process, disease, or infection – for example hearing loss, sensitivity to chemicals, occupational overuse injuries – which the task of this job may aggravate or contribute to?

If "yes" please give details and describe any technical aids or equipment, or adaptations to the workplace we would need to make to ensure your health and safety.

DECLARATION

- I understand that all information provided by me will be held on a confidential basis and that my permission will be sought before any identifying personal details are released to a third party.
- I consent to *Company Name* undertaking reference checks pursuant to my application for a specific employment position, and recognise that all enquires will be conducted on a confidential basis, and that *Company Name* has the right to maintain confidentiality of this information.
- I understand that I may access personal information about me held by *Company Name* and request correction of that information. This access to information excludes reference checks undertaken by the Organisation and all evaluative or opinion material compiled by *Company Name* employees for the purpose of assessing my suitability, eligibility and qualifications for employment.
- I declare that I have disclosed to *Company Name* all information reasonably having a bearing on whether or not *Company Name* might employ me. I understand that if I am employed and if I have withheld any such information, my employment might be terminated for that reason alone.
- I declare that all information provided by me to *Company Name* is true, accurate and complete and is not designed to mislead in any way.

Signature: _____ Date _____