

APPLICATION AND DECLARATION FORM FOR EMPLOYMENT

PRIVATE & CONFIDENTIAL

This information is being collected for the purpose of assessing your suitability for employment at [ORGANISATION NAME]. If you are successful in your application for a position with us, this information will form part of your personnel file.

The treatment of any information provided will comply with the Privacy of Information Act 1993. The information will be stored in secure files. This information may be corrected at any time by you.

Surname: _____ Title: _____

Given Name(s): _____

Address: _____

Telephone Number (Landline): _____

Telephone Number (Mobile): _____

Email address: _____

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)

Education History

Schools: _____ Qualifications Gained: _____

Colleges/Universities: _____ Qualifications Gained: _____

Other Training: _____ Qualifications Gained: _____

Employment History

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

1. Name of Employer:

Address of Employer:

Job Title and Duties:

Reason for Leaving:

Notice Required in Current Role:

2. Name of Employer:

Address of Employer:

Job Title and Duties:

Reason for Leaving:

3. Name of Employer:

Address of Employer:

Job Title and Duties:

Reason for Leaving:

4. Name of Employer:

Address of Employer:

Job Title and Duties:

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.

Referees

Please note the names and addresses of two referees who we can contact on your behalf.

1. **Name:**

Email Address:

Phone Number:

Known in the capacity of:

(i.e. Manager/Education)

2. **Name:**

Email Address:

Phone Number:

Known in the capacity of:

(i.e. Manager/Education)

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.

Health Details

The following information is required to assist [ORGANISATION NAME] in meeting its obligations under the Health and Safety at Work Act and the Injury Prevention Rehabilitation and Compensation Act, to assess your ability to perform the duties of the position safely and to ensure that you are not in a position where you could be placed in a situation of harm.

Have you had, or do you have, an injury, medical condition, or disability – for example, hearing loss, sensitivity to chemicals, occupational overuse syndrome, mental illness, or condition – that could be aggravated or further aggravated by the tasks and responsibilities that you would be required to perform in this role, or at the location(s) at which you would be required to undertake the work?

Declaration

(Please read this carefully before signing this application)

I declare that to the best of my knowledge, the answers to the questions in this application, my curriculum vitae, and any text messages/emails sent are correct.

I understand that this form, together with the written material I have supplied, and evaluative material including any interview notes, will be held confidentially, and used only for the purposes of this application of employment.

I agree to notify [ORGANISATION NAME] of any future change to the information supplied during this application process and/or for my records should I be successful in obtaining employment with [ORGANISATION NAME].

I agree to such pre-employment checks as deemed necessary being undertaken by [ORGANISATION NAME] for the role I have applied for.

I understand that should I be appointed to the role, I must provide certified proof of identity (such as a birth certificate or passport) and evidence of New Zealand or Australian citizenship, residence, or a valid work permit prior to commencing employment.

I understand that should I be appointed to the role; I must provide original or certified documentation supporting my educational qualifications. For overseas qualifications, if I have not had my qualification(s) evaluated by the New Zealand Qualifications Authority, I may be required to do so before any offer of employment is made.

I understand that if any false or misleading information is given, or any material fact is suppressed, I may not be employed, or if I am employed, I may be dismissed.

I understand that the information given in the health section of this application may be requested by ACC.

Signed:

Date: / /
