

Employment Application Form

Attached is an application for employment form which you are requested to personally complete.

The application form is a source of information that will be used by us to consider your suitability for the position for which you are applying. If successful, such information will form part of our personnel records. Failure to supply the information requested would prejudice our ability to assess your suitability for the position.

In accordance with the Privacy Act 2020, We collect personal information from staff, including information about your:

- name
- contact information and details of contact person in case of emergency
- CV with work history, referees and references, qualifications, APC
- Tax and bank details
- Driver's license and/or passport details (if required)

We collect your personal information in order to:

- Employ the right person for the position

Providing some information is optional. If you choose not to enter a work history or references, or consent to a police vetting, we will be unable to offer them employment.

We keep your information safe by storing it in a secure place and it is only accessible to authorised personnel.

You have the right to ask for a copy of any personal information we hold about you, and to ask for it to be corrected if you think it is wrong. If you would like to ask for a copy of your information, or to have it corrected.

You are entitled to access this information upon request to the manager where the information is held.

This location is currently:

Glenbrook Rest Home

We would like to keep your application form and CV as part of our records.

I you agree please sign where indicated. If you choose not to sign and your application is unsuccessful your application form and CV shall be destroyed by us. The above information is provided in accordance with the Privacy Act 2020.

Name: _____

Signed: _____ Dated: _____

Employment Application Form.

CONFIDENTIAL

To be completed personally by applicant. Please print in block letters

Date of application _____

Note: The completion of this form does not indicate that there is any obligation on this facility to engage the applicant.

PURPOSE

This information is collected for the purpose of assessing your suitability for employment at the above-mentioned facility, which may include subsequent changes in employment with the company. We wish to retain the information on file.

Permission granted/not granted. (Circle answer)

Position applied for: _____

Your name:

Mr/Mrs/Miss _____

Surname: _____

Given names (underline name used) _____

Are you known by any other name(s)? _____

Give details: _____

Your Home Address & Telephone Numbers

Number & street _____

Suburb & Town _____

Home phone no: _____

Work phone no: _____

Details

Place and country of birth: _____

Status (circle your answer)

Are you a citizen of New Zealand?

Yes/No

If yes, can you produce evidence if required?

Yes/No

If no, do you have the right of permanent residence?

Yes/No

If no, do you have a work permit? (production of passport is required)

Yes/No

Are you an assisted immigrant under bond to the Government or any other employee?

Yes/No

Education including University further education etc. where applicable)

Name of secondary school(s) /tertiary institutes attended	From	To

Qualifications (School certificate, University Entrance) subjects: _____

Other Qualifications _____ Yes/No (subjects)

Languages:

Can you speak any language(s) other than English? If yes which language(s).

Please describe the skills you hold which are relevant to the position applied for (i.e. First aid, Caregivers certificate etc):

Employment history

Present or most recent employer

FROM _____ TO _____

Company: _____

Address: _____

Job held: _____

Main duties: _____

No of hours worked per week: _____

Reason for leaving: _____

For the purposes of compliance with the Privacy Act 2020 do you consent to the company contacting your present employer for the purposes of references checking? Yes/No (circle your answer)

Next most recent employer

FROM _____ TO _____
 Company: _____
 Address: _____
 Job held: _____
 Main duties: _____
 No of hours worked per week: _____
 Reason for leaving: _____

Give details of any other job which may be relevant:

Have you ever worked for this company before?
 Yes/No (circle answer)
 If yes, where, and when: _____

Do you have secondary employment?
 Yes/No (circle answer)
 If yes, please give details: _____

Referees:

Give name, address and telephone numbers of at least two referees. (Preferable from where you have worked)

Name	Position	Address	Phone no

If your application is accepted, when could you commence employment:

I consent to the company seeking verbal or written information about me from representatives of my previous employers and/or referees and authorize the information sought, to be released. Yes/No (circle your answer)

If yes: _____

Date: _____

Signature

13 GENERAL

Are you prepared to work overtime if required? Yes/No

Have you been convicted of a criminal offence? Yes/No

Are you awaiting the hearing of charges in a civil or criminal court of law? Yes/No

Are you prepared to handle all products, materials or equipment used in this industry? Yes/No

Do you have a current drivers licence? Yes/No

If yes do you have any demerit points or endorsements? Yes/No

If yes, please detail: _____

Occupation of spouse/partner? _____

What transport arrangements do you have to attend your place of employment? _____

What are your interest/hobbies/sports/clubs or community activities?

14 MEDICAL

Do you smoke? Yes/No

Do you agree to undergo a medical examination if required? Yes/No

Are you allergic to, or have any sensitivity to any substances or chemicals? Yes/No

Do you require corrective lenses or contact lenses? Yes/No

Have you ever suffered from a back injury requiring time off work? Yes/No

If yes, please detail: _____

Have you claimed accident compensation in the last 12 months? (Give details)

State any serious injury or illness you have suffered that may affect your ability to effectively carry out the functions and responsibilities of the position applied for:

Do you have any other known condition, which may affect your ability to effectively carry out the functions and responsibilities of the position applied for? (Give details if yes)

Do you have any other known condition, which might put our staff or residents at risk?

Give details if yes.

In your past employment have you been exposed to: (circle your answer)

Noise Yes/No
Asbestos Yes/No
Heavy metals Yes/No
Solvents Yes/No
Skin irritants Yes/No
Infectious material Yes/No

If yes, please give detail: _____

Has your work ever been affected by stress or mental health problems (e.g., depression, anxiety)?

No Yes

If Yes, please explain: _____

Have you ever suffered from long-standing fatigue or tiredness? No Yes

If Yes, please explain: _____

Have you ever had problems at work arising from personality clashes, your attitudes or behaviour, or conflicts with another staff member? No Yes

If Yes, please explain: _____

Has your use of alcohol and/or drugs ever affected your work performance

No Yes

If Yes, please explain: _____

Have you ever had difficulties coping with change or other stressful events in the workplace? No Yes

If Yes, please explain: _____

Have you ever needed to take more than your sick-leave allocation? No Yes

If yes, please explain: _____

Agreement to undertake certain tasks as part of the job interview:

I agree and accept that by undertaking certain tasks appointed by [company name] that it does not constitute a job offer or the commencement of employment and I hereby accept that this is part of the job interview.

Signed by Applicant

Do you consent to the company retaining the information contained in this application form for the purposes of considering your suitability for any other position, which may arise with this company in the future? Yes/No

Do you consent to the company completing a police vetting procedure? Yes/No

DECLARATION:

'I declare:

1. That my answers (in this application) are true and not misleading; and
2. That there is no further relevant information that I have not told you about.

I ACKNOWLEDGE:

1. That if you employ me you are relying on the truth and completeness of my answers; and therefore
2. That if I have not answered truthfully and completely, you may terminate my employment immediately and without notice.

I UNDERSTAND:

That false or incomplete answers relating to my medical history could mean that I can not receive any ACC compensation.'

Once completed either drop off at Glenbrook Rest Home, 131 Wymer Road, Glenbrook or feel free to e-mail rajiv@gbrh.co.nz

Signed by Applicant

Date: