

Personal Information

Family Name:	Date of Birth:
First Name/s:	Phone Home:
Address:	Cellphone:
	Email:
Position Applying For::	
Emergency contact:	Relationship:
Name:	Phone Home:
Address:	Cellphone:
Police Vetting: Do you have a criminal record and/or are awaiting the outcome of a pending court decision?	Yes / No Please explain:
Do you consent to the company completing a police vetting procedure?	Yes / No Please explain
Do you have a current driver's license?	Class: Learners Restricted Full
Do you have a reliable vehicle for use to and from work? If No, how will you travel to and from home? Lack of reasonable transport may also impact on your application proceeding.	Yes / No
Are you a NZ citizen or permanent Resident?	Yes / No
If no, do you have the legal right to work in New Zealand?	Yes / No
Health and Safety: This questionnaire is for the purpose of providing us with a brief summary of your medical background to ensure a referral is safe for both parties. If you feel uncomfortable about answering any of the questions, or if you have any questions about the relevance, please discuss it with us	
Have you ever had an <u>injury</u> that prevented you from working for more than one week or required more than one week of medical treatment?	Yes / No (if yes, please provide details)
Have you ever had difficulties coping with change or other stressful events in the workplace?	Yes / No (if yes, please provide details)
Have you had any <u>illness or disease</u> that prevented you from working for more than two weeks or that required more than one week of medical treatment?	Yes / No (if yes, please provide details)
Have you ever needed to take more than your sick-leave allocation?	Yes / No (if yes, please provide details)
Are you prepared to work overtime if required?	Yes / No (if yes, please provide details)

Do you have any physical or psychological conditions which may affect your work performance or regular attendance, or which may be aggravated by the position for which you are applying?	Yes / No (if yes, please provide details)
Are you currently taking medication (e.g. opioids for pain relief, mood stabilisers, anticoagulants, anti-epileptic medication) that may impact on your ability to complete the tasks required in a referral?	Yes / No (if yes, please provide details)
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 (if yes, please provide details)
Do you smoke?	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 provide details)
Are there any other health issues that you feel we should know about? (Allergies to dust/foods, hearing problems, medications that need to be taken on a strict routine, upcoming surgery).	Yes / No

Education and qualifications (please provide copies of all certificates)
Please give a brief summary of qualifications gained or courses completed.

Employment History (please list your last 3 employers).

It is the candidate's responsibility to advise referees that we will be phoning and to provide the correct and current phone number.

1 Most recent employer

Name:

Address:

Contact Details: (to Include landline/ cellphone numbers and email address Phone:

Cellphone:

Email:

Period of employment: From: To:

Positi

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Reason for leaving:

2

Name:

Address:

Contact Details: (to Include L/line, cellphone numbers and email address

Phone: Cellphone: Email:

Period of employment: From: To:

Position held:

Responsibilities & Duties:

Reason for leaving:

3

Name:

Address:

Contact Details: (to Include L/line, cellphone numbers and email address

Phone: Cellphone: Email:

Period of employment: From: To:

Position held:

Responsibilities & Duties:

Reason for leaving:

Declaration

I agree and accept that by undertaking certain tasks appointed by Glenbrook Rest Home 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.

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

In accordance with the Privacy Act 1993, you are entitled to access this information upon request to the manager where the information is held.

DECLARATION:

I Declare

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

I Acknowledge:

- That if you employ me you are relying on the truth and completeness of my answers; and therefore
- 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 cannot receive any ACC compensation.'

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

I agree and accept that by undertaking certain tasks appointed by Glenbrook Rest Home 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

Date: