

## APPLICATION FOR EMPLOYMENT

**CONFIDENTIAL** (To be completed personally by Applicant) Date of Application: \_\_\_\_\_

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

**PURPOSE:**

This information is collected for assessing your suitability for employment at Observatory Village Lifecare. The information is being collected within the Privacy Act 1993, and as such Observatory Village Care Ltd is required to keep this information secure, provide you with access to that information on request and as the case may be, correct that information.

Permission granted  Permission not granted  **(tick one)**

*(Please Print)*

Position applied for: \_\_\_\_\_

**Your Name** (in block letters):

Mr  Mrs  Miss  Other  \_\_\_\_\_

**Surname:** \_\_\_\_\_

**Given Names:** \_\_\_\_\_

*(Underline name used)*

Are you known by any other name(s)? Yes  No

Give details: \_\_\_\_\_

**Your Home Address & Telephone Numbers:**

Number & Street: \_\_\_\_\_

Suburb & Town: \_\_\_\_\_

Home Phone No: \_\_\_\_\_

Work Phone No: \_\_\_\_\_

Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**Status: (You may be asked for evidence of your right to work, for example, your passport)**

Do you have a right to work in New Zealand? Yes  No

If yes, are you a:

New Zealand Citizen? Yes  No

New Zealand Permanent Resident? Yes  No

Holder of a Work Visa for this Company? Yes  No

Holder of an Open Work Visa? Yes  No

Australian Citizen Yes  No

New Zealand Driver's Licence Number \_\_\_\_\_



**EDUCATION (including University, further education etc where applicable):**

Qualifications

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**LANGUAGES:**

Can you speak any language other than English?

Yes  No

Details: \_\_\_\_\_

**SKILLS:**

Please describe the skills you hold which are relevant to the position applied for:

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**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 1993 do you consent to the company contacting your present employer for the purposes of reference checking?

Yes  No

**Next Most Recent Employer:** From \_\_\_\_\_ To \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Job Held: \_\_\_\_\_

Main Duties: \_\_\_\_\_

No. of Hours Worked per week: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**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**

If yes, where and when \_\_\_\_\_

\_\_\_\_\_

Do you have secondary employment? **Yes**  **No**

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: \_\_\_\_\_

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 **authorise** the information sought, to be released. **Yes**  **No**

If yes: \_\_\_\_\_ (Signature) Date: \_\_\_\_\_

**GENERAL:**

Have you been convicted of a criminal offence (including driving offences) within the last 10 years? **Yes**  **No**

If yes, please indicate what the charges were for: \_\_\_\_\_

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

**Note:** Past convictions covered by the Criminal Record (Clean Slate) Act, 2004 can lawfully be withheld.

Are you prepared to handle all products, materials or equipment used in this facility? **Yes**  **No**   
 What are your interests/hobbies/sports/clubs or community activities? \_\_\_\_\_

**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 e.g. latex, sprays? **Yes**  **No**

Have you ever suffered from a manual handling or back injury requiring time off work? **Yes**  **No**

If yes, please detail: \_\_\_\_\_

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:  
 \_\_\_\_\_  
 \_\_\_\_\_

Would you consent to the release of your ACC history to us, if required? **Yes**  **No**

Do you have any other known conditions, which may affect your ability to effectively carry out the functions and responsibilities of the position applied for? **Yes**  **No**

If yes, please detail: \_\_\_\_\_

Do you have any known condition, which might put other staff at risk? **Yes**  **No**

If yes, please detail: \_\_\_\_\_

Person(s) we could contact in an emergency (if you were employed):

**Name:** \_\_\_\_\_ **Contact Number:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Contact Number:** \_\_\_\_\_

Do you consent to Observatory Village Care Ltd 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**

**DECLARATION**

I (Full name) \_\_\_\_\_

declare that to the best of my knowledge the answers in this application are correct and I understand if any false or deliberately misleading information is given, or any material fact suppressed, I will not be accepted, or if I am employed and my application form is proven to be falsified, my employment will be terminated.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_