



## APPLICATION FOR EMPLOYMENT - CONFIDENTIAL

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Thank you for submitting an application for employment with the Arohanui Hospice.

- 1 Please answer all the questions and write N/A if not applicable.
- 2 Please do not submit original certificates, references or other credentials with this application, (photo copies only).
- 3 The information provided on the application section will be held by Human Resources at Arohanui Hospice for no longer than 3 months. It will be viewed by those involved in the recruitment process for the role you have applied and will not be given to anyone else.
- 4 Completing this application form is not a guarantee that your application will be considered for other available positions. You may contact Human Resources if you wish your application to be put forward for a position of interest or apply as directed by an advertisement.
- 5 Arohanui Hospice requires this information in order to assess your suitability for employment, including, possible future changes in the nature of your employment with the organisation. For this reason you should answer each question, even if you do not consider it relevant.
- 6 You may access this information and correct it at any time.

### **PART 1 - To be completed by applicant:**

Position Applied For: \_\_\_\_\_

### **PART 2 - Personal Data:**

Mr/Mrs/Ms/Miss/Dr SURNAME: \_\_\_\_\_

GIVEN NAMES: \_\_\_\_\_

PREFERRED NAME: \_\_\_\_\_

PREVIOUS NAME (IF ANY): \_\_\_\_\_

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

Telephone Home: \_\_\_\_\_

\_\_\_\_\_

Work: \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

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

*(optional)*

Permanent Residence: \_\_\_\_\_

Work Permit Expiry Date: \_\_\_\_\_

Are you likely to engage in other employment while employed by Arohanui Hospice? YES / NO

Do you hold a current driver license? YES / NO

**PART 3 - Previous Employment (Please include a CV with this application and complete any sections below, which are NOT covered in your CV)**

<b>EMPLOYER</b> Name & Address	<b>POSITION HELD/SPECIALITY</b> From	<b>FULL TIME/PART-TIME</b> To
_____		
_____		
_____		
_____		

**PRESENT EMPLOYMENT:**

<b>EMPLOYER (Name &amp; Address)</b>	<b>POSITION HELD</b>	<b>FROM</b>
_____		

(Brief Description of present duties): \_\_\_\_\_

**PART 4 - Education and Training:**

<b>School/University/Technical</b>	<b>From</b>	<b>To</b>	<b>Qualification</b>
_____			
_____			
_____			

Date of Registration: \_\_\_\_\_  
(If applicable)

Date of NZ Registration: \_\_\_\_\_  
(If trained overseas)

Please attach **photocopies** of professional, occupational or practicing and any other qualifications certificates.

**PART 5 - Referees**

Owner(s): HR/Payroll Officer  
Authorised by: Chief Executive

(Please give names and addresses of 3 Referees who can attest to your work experience, competence and personal activities):

Name: .....	Name: .....	Name: .....
Position: .....	Position: .....	Position: .....
Address: .....	Address: .....	Address: .....
.....	.....	.....
Contact Ph. No: .....	Contact Ph. No: .....	Contact Ph. No: .....
Working Relationship:	Working Relationship:	Working Relationship:
.....	.....	.....

Do you agree that we may inquire further about the information in this application or about other matters to your suitability for employment at Arohanui Hospice?

From your present employer?	YES / NO
From your past employer?	YES / NO
From your Referees?	YES / NO

**PART 6 - Compulsory Section:**

Have you ever been convicted of any offence against the law? (Apart from minor traffic convictions)  
YES / NO

If YES please give details:

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Do you have any alleged offences outstanding against you? YES / NO

If YES please give details:

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**Please note:** If you have any alleged offences outstanding against you, you must declare them now. Any failure to declare is likely to result in your summary dismissal.

Arohanui Hospice will perform a police check as part of the employment process. The signing of this Application for Employment form is your authorisation for us to perform this check.

Is there anything which may constrict your ability to meet the requirements of the position? (If so please give brief details):

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**PART 7 - Health History:**

Do you currently or have you in the past had any health problems or injuries which would make it difficult for you to perform this role? YES / NO

Please provide details

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Have you ever had a back injury? YES / NO

If so did you take time off work? YES / NO

If YES please give brief details:

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Have you suffered from overuse injuries, for example OOS? YES / NO

If so did you take time off work? YES / NO

If YES please give brief details:

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Is your hearing normal in both ears? YES / NO

If NO please give brief details:

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Do you have any problems with your eye sight? Yes / NO

If YES please give brief details:

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Do you suffer from any medical conditions or allergies?

YES / NO

If YES please give brief details:

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Do you hold a current first aid certificate?

YES / NO

If YES, at what date was it attained?

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By signing this declaration I agree that Arohanui Hospice can access my Accident Compensation Corporation (ACC) records as necessary to verify any statement made in this Application for Employment form.

YES / NO

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## **PART 8 - Declaration**

I \_\_\_\_\_ (print full name) declare that, to the best of my knowledge, that the answers to the questions in this application are correct. I understand that, if any false information is given or any relevant fact is suppressed, I may not be accepted: or if I am employed may be dismissed.

Signed:

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Dated:

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