

Application for Employment - Confidential



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, unless we have been requested to by law.
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

Home phone

Work phone

Email

Date of birth (optional)

Work Permit Expiry Date / /

Permanent Residence / Citizen of New Zealand

If you hold a New Zealand Visa, please supply a copy with your application.

Yes No

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 - EMPLOYMENT

(Please include a CV with this application and complete any sections below, which are NOT covered in your CV)

PREVIOUS EMPLOYMENT

EMPLOYER	POSITION HELD/SPECIALTY	FULL TIME/PART-TIME
Name & Address	From To	
Name & Address	From To	

PRESENT EMPLOYMENT

EMPLOYER	POSITION HELD	FROM
Name & Address		

Brief Description of present duties
.....

PART 4 - EDUCATION AND TRAINING

SCHOOL/UNIVERSITY/TECHNICAL	FROM	TO	QUALIFICATION

Do you hold a professional registration? Yes No

If so, with whom:

Is it current? Yes No

Date of Professional Registration (if applicable)

Date of NZ Registration (if trained overseas) and NZ Registration number

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

PART 5 - REFEREES

(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
Email	Email	Email
Phone	Phone	Phone
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

Do you have any alleged offences outstanding against you? Yes No

If YES please give details

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 YES please give details

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 give 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
.....

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
.....

Is your hearing normal in both ears? Yes No

If NO please give brief details
.....

Do you have any problems with your eye sight? Yes No

If YES please give brief details
.....

Do you suffer from any medical conditions or allergies? Yes No

If YES please give brief details
.....

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

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.

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Signed

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Dated

PLEASE RETURN THIS FORM TO

Arohanui Hospice, PO BOX 5349, Terrace End, Palmerston North