

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, (photocopies 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)

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

PRESENT EMPLOYMENT EMPLOYER (Name & Address)	POSITION HELD	FROM

(Brief Description of present duties) _____

PART 4
Education and Training

School/University/Technical	From	To	Qualification

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

(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

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 so please give brief 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 provide details

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?

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:

Dated:
