



Pre-Employment Form

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

- The information provided on this form and its attachments will be treated as confidential and is collected for the purpose of assessing your suitability for employment with Arohanui Hospice. It will only be viewed by those involved in the recruitment process for the role you have specifically applied for.
- Please answer all the questions and write N/A if not applicable.
- Please do not submit original certificates, references or other credentials with this application, (photo copies only please).
- You may access this information and correct it at any time by request.
- 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.
- If your application is not successful this form will be held by Human Resources at Arohanui Hospice for no longer than 3 months. If your application is successful then the form will be retained on your personal file.

Position & Personal Details	
Position applying for:	
First Names:	
Surname:	
Preferred Name:	
Address:	
Phone Number:	
Email Address:	

Eligibility to Work in New Zealand			
Citizen of New Zealand:	<input type="checkbox"/>	Permanent Residence:	<input type="checkbox"/>
Temporary Work Visa:	<input type="checkbox"/>	Work Visa Expiry Date:	

If you are not a Citizen of New Zealand, please ensure you have the necessary documentation needed to show you are legally allowed to work in New Zealand.

If you are a preferred candidate you will need to confirm your identity. Please ensure you are able to provide documentation of this if required (i.e. Drivers Licence, Passport or Birth Certificate).

Please include a CV with this application and complete any sections which are not covered in your CV.

Education, Training & Registration			
School/University/Technical	From	To	Qualification
Are you studying at the present?			
Do you hold a Professional Registration?			
Expiry date of Professional Registration:			

Employment History					
Most Recent Employment					
Company:					
Position Held:					
Length of Service:		From:		To:	
Main Duties:					
Name of Other Recent Employment					
Company:					
Position Held:					
Length of Service:		From:		To:	
Main Duties:					

Referees			
<i>Please provide referees who are able to attest to your work experience, competence and personal activities. <u>Your referees will only be contacted after receiving your express permission.</u></i>			
Name:		Relationship:	
Email:		Phone:	
Name:		Relationship:	
Email:		Phone:	
Name:		Relationship:	
Email:		Phone:	

Health History

Do you presently suffer, or have you suffered in the past from any medical or physical condition (including OOS or gradual process injury) that may affect your ability to perform the functions and responsibilities of the position?

No ☐

Yes ☐ (please provide all relevant details)

Are you allergic to, or have sensitivity to any substances or chemicals?

No ☐

Yes ☐ (please provide all relevant details)

Do you have any other medical condition requiring medication or a managed regime such as diabetes, asthma, high blood pressure?

No ☐

Yes ☐ (please provide all relevant details)

Do you have any hearing or eye sight problems?

No ☐

Yes ☐ (please provide all relevant details)

Have you ever suffered from a back injury?

No ☐

Yes ☐ (please provide all relevant details)

Traffic Safety & Criminal Checks

Do you hold a current Drivers Licence:

Have you ever been fined for any driving offence?

Are you awaiting hearing of any charges of driving offence?

If you are the preferred candidate, for some positions we may check matters such as bankruptcy and tertiary qualifications by way of Police Checks or similar. The checks will be relevant to the role and we will request your permission prior to undertaking these checks.

If you have ever been convicted of any offence against the law and wish to disclose please detail below.

General Information	
Are you likely to engage in other employment while employed by Arohanui Hospice:	
Do you have a current First Aid Certificate?	
Is there anything which may construct your ability to meet the requirements of the position?	

Declaration	
<p>I _____ (<i>print full name</i>) declare that, to the best of my knowledge, that the answers I have provided to the questions in this form are correct and true. I understand that, if any false information is given or any relevant information is suppressed, my application may not be accepted, or if I am employed, I may be dismissed.</p>	
_____	_____
Signed	Date

Once complete please return this form to
vacancies@arohanuihospice.org.nz
along with any requested supporting documents.

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