

Application Form

Position applied for:

SURNAME: GIVEN NAMES

What other name(s) are you known by:

ADDRESS

PHONE NO: CELLPHONE:

EMAIL ADDRESS:

Transport: YES / NO

Current Driver's License No Classes Covered by this License

Have you had any court convictions in the past? YES / NO

Details

Are you currently waiting the hearing of any charges? YES / NO

Details

Do you have a right of permanent residence in New Zealand? YES / NO

Do you have a valid work permit? Yes / No Expiry Date of work permit:

Do you smoke at work? (*You are reminded that 'Tainui Village' has a smoke-free Policy*) YES / NO

Do you intend to engage in other paid work whilst employed at 'Tainui Village'? YES / NO

If your application is successful, do you consent to your photograph being displayed and/ or used in promotional material including the Facility Facebook page, their website or Eldernet? YES / NO

Do you have any commitments which may prevent you from attending your place of employment during your ordinary hours of work, or affect your ability to be available to work extra shifts? YES / NO

If yes, give brief details.

.....

Are you flexible to hours of work/shift work ? YES / NO

.....

I give permission for you to check Police records in relation to me: YES / NO

(sign separate form for this)

Police Record check will be conducted through an 'online' internet process.

<https://justice.govt.nz/criminal-records/get-your-own/> to request your own (this is free for you to do).

I give permission for random alcohol and drug testing as per Company policy: YES / NO

Curriculum Vitae attached: YES / NO

PRESENT POSITION

Date From To		Employer	Position and brief Description of Duties	Salary / Wage Rate (optional)	Reason for change
May we contact you during working hours?		YES / NO	Phone	
May we contact your present employer?		YES / NO	Phone	

EMPLOYMENT HISTORY

Date From To		Employer	Position and brief Description of duties	Salary / Wage Rate	Reason for Change
May we contact past employers?		YES / NO			

Please give details of referees whom you authorise us to contact that you have had to report directly to in relation to your work performance. Reference checks are compulsory when working in this care facility.

APPLICANT'S DECLARATION OF HEALTH

Please complete this form carefully and return with your application.

A declaration of an applicant's past and present health is a requirement for acceptance into a position with 'Tainui Village'. The information is required to ensure there are no health problems that could affect your safety or those for whom you are providing care. This form and its contents will be treated as strictly confidential.

NAME

(Surname)	(First names)	
	YES / NO	COMMENTS
1. Have you ever suffered any injury which has resulted in you taking time off work?		
Are you allergic to, or have sensitivity to any substances or chemicals?		
Have you ever suffered any back injury or back strain?		
Have you ever suffered from any overuse injuries, e.g. RSI?		
Have you got any condition that may affect your ability to perform your role?		
2. Have you suffered any: Hearing Loss? – <u>Maintenance personnel</u> are required to undergo a pre-employment hearing test.		Audiology test booked: Yes / No Date: Outcome:
Diabetes?		
Blackouts or fits/seizures?		
Asthma?		
Skin Condition (Dermatitis or Eczema, MRSA)?		
Tuberculosis?		

3. Do you have any other condition which may affect your ability to effectively carry out the functions and responsibilities of the position applied for?

If so please give details.

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May we approach your family Doctor, if it is necessary to do so in case of emergency? If so, please give his/her name and address (see declaration)

Dr

(Name)

(Address)

.....

4. Immunisation: (*Registered Staff only*)

Hepatitis B - For your protection it is advised that you obtain a current immunisation for Hepatitis B.

5. MRSA status - Positive / Negative Date of last test:

DECLARATION

I, (Full Name)

agree to the above conditions and declare to the best of my knowledge, the answers to the questions in this application (*and the attached Curriculum Vitae*) are correct. I understand that if any false information is given, or any material fact suppressed, I may not be accepted, or if I am employed, I may be dismissed. I also understand that any false information given may result in my loss of entitlement for any compensation for ACC. I further understand that information obtained during reference checks will not be made available to me.

SIGNATURE OF APPLICANT: **DATE:**

Available to Start:

For Office Use Only: APC Sighted:

Copy of APC / qualification certificates placed on personnel file: Yes Date:

Online Police Check verified: Yes / No Referee Checks completed: Yes / No

Date commenced employment: Designation:

Driver's License sighted: Employment Agreement signed - Date:

Confidentiality Declaration signed (*date*):

Maintenance - Pre-employment audiology test: Exit test result: