

CONFIDENTIAL

PLEASE PRINT

To be completed personally by Applicant

## FORMAL APPLICATION FOR EMPLOYMENT FORM

**Purpose:**

This information is collected for the purpose of assessing your suitability for Penina Health Trust employment at \_\_\_\_\_, which may include subsequent changes in employment with the Trust. The completion of this form does not indicate that there is any obligation on the Trust to engage the applicant.

Information relating to unsuccessful applicants may be retained by the Trust for a period of up to 12 months.

If successful, such information shall form part of the Trust’s personnel records. You are entitled to access this information upon request to the Trust. This note is provided in accordance with the Privacy Act 1993.

**POSITION APPLIED FOR:**

**DATE:**

Surname: \_\_\_\_\_  
Given Names (underline name used): \_\_\_\_\_  
Contact Address: \_\_\_\_\_  
Home Ph No. \_\_\_\_\_ Email: \_\_\_\_\_

**LEGAL WORK STATUS**

Have you reached the current school leaving age? Yes/No  
Have you qualified for National Superannuation? Yes/No  
Are you legally entitled to work in New Zealand? Yes/No

**LIST MAJOR EDUCATION ACHIEVEMENTS**

Secondary School Qualification: \_\_\_\_\_  
University Education: \_\_\_\_\_  
Other Education Courses: \_\_\_\_\_

**INDUSTRY WORK EXPERIENCE**

What experience do you have within our industry? \_\_\_\_\_

**LANGUAGES** What language can you speak other than English? \_\_\_\_\_

**CURRENT EMPLOYMENT (List current Employers)**

Employer	Location & phone no.	Main work activity	Length of service

**CONTINUED EMPLOYMENT (List Employers you intend continuing to work for)**

List Employer(s) you intend to continue to work for and the position you will hold in the company.

Employer	Position	Start Time	Finishing Time	Total Weekly Hrs

**PREVIOUS EMPLOYMENT (List previous Employers)**

Employer	Location	Position	Reason for Leaving

Have you ever worked for our company before? If yes when? \_\_\_\_\_ Yes/No

**REFEREES** (Provide at least two referees preferably from where you have worked)

Name	Phone Number	Position	Postal Address

I consent to the company seeking verbal or written information about me from representatives of my previous employers and/or referees and authorise the information sought to be released by them to the Trust for the purposes of ascertaining my suitability for the position I am applying for. I understand that the information received by the Trust is supplied in confidence as evaluative material and will not be disclosed to me.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**GENERAL**

If your application is accepted when could you commence employment? \_\_\_\_\_

Are you prepared to work overtime if required? Yes/No

Are you prepared to work on Public Holidays if required? Yes/No

Have you been convicted of a criminal offence? Yes/No

Are you awaiting the hearing of charges in a civil or criminal court of law? Yes/No

Do you have a current drivers licence? Yes/No

If yes, Drivers Licence No. \_\_\_\_\_ What Classes? \_\_\_\_\_

Do you have any demerit points or endorsements? Yes/No

If yes, please detail: \_\_\_\_\_

Do you have a spouse, partner, relative or household-member working in this industry? Yes/No

If yes, who? \_\_\_\_\_

What transport arrangements do you have to attend work? \_\_\_\_\_

What are your interests/hobbies/sports? \_\_\_\_\_

**MEDICAL AND ACC INFORMATION** (Please circle)

Do you have a medical condition or disease that may affect your ability to carry out the tasks of this job? If yes detail: \_\_\_\_\_

Are you receiving prescribed medication? Describe: \_\_\_\_\_

Have you stopped work as a result of an ACC claim in the past 5 years? Yes/No

If Yes, list historical injuries with the potential to effect you below:

Date of Injury	Type of Physical Incapacity	Duration and outcome of treatment

**INFORMATION RETENTION**

Do you consent to the company retaining the information contained in this application form for the purposes of considering your suitability for any other position, which may arise with this company in the future? Yes / No

**DECLARATION**

I \_\_\_\_\_ (full name) declare that to the best of my knowledge the information in this application form and the information contained in any resume provided is correct and I understand that if any false or deliberately misleading information is given, or any material fact suppressed, I will not be accepted, or if I am employed, my employment will be terminated. I also understand that any false information given in relation to my medical history may affect my ability to receive entitlements under the Accident Insurance Act 1998.