



Te Korowai Hauora o Hauraki
 "The Cloak of Wellness for Hauraki"
 210 Richmond Street
 Thames 3500
 P.O. Box 605, Thames 3540
 P: 07 868 0033
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Employment Application Form

Instructions for Applicants:

The information provided by you in this application form is for the purpose of assessing your suitability for employment for the advertised position. **Please ensure that you complete all sections in full and do not write "refer to CV"** as we need all of this information to process your application. Whether you are successful or unsuccessful in your application for this position, your application information will be kept confidential.

Position applied for: _____

This form is to be personally completed and signed by you. If completed electronically, please type your name in the signature box. By typing your name you are agreeing that the information you have supplied is true and correct; and Te Korowai can use this information as indicated. Please ensure all section are completed.

Please attach the following to this application form:

- Your current Curriculum Vitae
- A covering letter
- Scanned copies of any qualifications that are essential for the position that you are applying for (Please do not include any original documents)

1. Personal Information

First Names: <input style="width: 90%;" type="text"/>	Surname: <input style="width: 90%;" type="text"/>
Are you known by another name? <input style="width: 60%;" type="text"/>	Title: <input style="width: 15%;" type="text"/>
Residential Address: <input style="width: 80%;" type="text"/>	Phone: Home: <input style="width: 10%;" type="text"/> (0) <input style="width: 60%;" type="text"/>
Postal Address: <input style="width: 80%;" type="text"/>	Work: <input style="width: 10%;" type="text"/> (0) <input style="width: 60%;" type="text"/>
Email: <input style="width: 80%;" type="text"/>	Mobile: <input style="width: 10%;" type="text"/> (0) <input style="width: 60%;" type="text"/>
Ethnicity: <input style="width: 80%;" type="text"/>	
Iwi: <input style="width: 80%;" type="text"/>	Hapu: <input style="width: 80%;" type="text"/>

2. Education / Qualifications

Name of School/Technical Institute/University <i>(As relevant for role)</i>	Date From	Date To	Qualifications Obtained
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
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<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>

Where appropriate, you will be required to produce the original qualification documents.

3. Employment History

Name of employer	Occupation/Job Title	Date from	Date to	Reason for leaving
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
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4. Referees

Please provide the names and contact phone numbers of recent work related referees, where there has been a direct relationship (i.e., a manager that you have reported to, a colleague that you have worked with and at least 2 staff members that you have managed (if applicable)).

Name	Occupation/Job Title	Company Name	Relationship to you	Phone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

For the purpose of compliance with the Privacy Act 1993, do you consent to Te Korowai seeking verbal or written information on a confidential basis about yourself from the referees listed above, and authorise the information sought to be released by them to us for the purposes of ascertaining your suitability for the position you are applying for? Do you understand that the information received by us is supplied in confidence as evaluative material, and will not be disclosed to you?

Yes No If yes, signature: Date:

5. Resident Status

Are you a citizen of New Zealand? Yes No

If yes, can you produce evidence if required? Yes No

If no, do you have the right of permanent residence or a work permit? (It will be necessary to produce your passport and associated documentation for verification) Yes No

If you have a work permit, what is the expiry date? / /

6. Medical (Tick box which applies & provide details where required)

If shortlisted, you may be required to complete a medical questionnaire and/or undergo medical and drug testing.

Do you consent to this process? Yes No

Do you have any condition or health related issues that may affect your ability to effectively carry out the functions and responsibilities of the position applied for? Yes No

Approximately how many days have you been absent from work in the last 12 months, other than for annual leave and public holidays?

7. General

Do you have a current NZ driver's licence? Yes No

If yes, Number Learner Restricted Full

Classes held: Any demerit points? Yes No

Has your licence ever been endorsed? Yes No

If yes, give brief details:

Can you drive a manual vehicle? Yes No

Do you have any cases pending which could affect your licence? Yes No

Have you ever been convicted of a criminal offence (not including any concealed under the Criminal Records (Clean Slate) Act 2004)? Yes No

If yes, give brief details:

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

If yes, give brief details:

Have you previously been employed by Te Korowai? Yes No

If yes, when?

Do you have any relatives currently employed by Te Korowai? Yes No

If yes, who? What is your relationship to them? What is their occupation?

What is your APC number (if applicable) Do you have any specific conditions? Yes No

If yes, what are they?

Can you hold an everyday conversation in any language other than English?

Te Korowai is committed to the health and well-being of all staff, clients and visitors and actively promotes a healthier working environment; Smoking cessation courses will be promoted to staff, clients, and visitors in a positive and non-judgemental way, with support provided for those ceasing smoking, including access to counselling or Aukati Kaipaipa services.

8. Commencement / Notice Period

If your application is successful, when could you start work?

9. Declaration

I, (full name)

declare that, to the best of my knowledge, the answers that I have provided to the questions in this application form are correct and I understand that if any false or deliberately misleading information is given or any material fact suppressed, I will not be accepted for employment. If such information or fact is discovered after I have been employed, my employment will be terminated. I also understand that any false information given in relation to my medical history may result in my loss of entitlement for any compensation from ACC.

I consent to Te Korowai retaining the information contained in this application form for the purpose of considering my suitability for any other position which may arise with Te Korowai in the future.

By typing my name in the following box I certify the above statements to be true and correct to the best of my knowledge and that this information can be used for the purpose of processing my employment application.

Signature: Date: