Employment Application Form

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| Personal Details | | | | | | | | |
| Name of Position this Application is For |  | | | Tick Which Organisation | | | | |
| Vacancy Reference Number |  | | | CMKA | | ELCM | | |
|  | |  | | |
| First Name(s) |  | | | | | | | |
| Surname |  | | | | | | | |
| Preferred Name |  | | | | | | | |
| Home Address And Post Code |  | | | | | | | |
| Email Address |  | | | | | | | |
| Home Phone Number |  | | | | | | | |
| Mobile Phone Number |  | | | | | | | |
| Your Current Employer |  | | | | | | | |
| May we contact you at work? |  | | | | Yes | | | No |
|  | | |  |
| If yes, please provide your work phone number |  | | | | | | | |
| Are you legally entitled to work in New Zealand as either a citizen or a permanent resident? | | | | | Yes | | No | |
|  | |  | |
| If not, do you have a current work permit or visa?  Please provide supporting documentation with this application | | | | | Yes | | No | |
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| If your application was successful, approximately what date could you commence employment? | | | | |  | | | |
| Have you worked for CMKA/ELCM before? | | | | | Yes | | No | |
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| If you answered yes, when and in which position(s)? | |  | | | | | | |
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| How did you learn of this vacancy? | | CMKA/ELCM Website | On-Line Advertisement | Word of Mouth | | Other | | |
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| Work Attendance Record | | |
| Have you ever been absent for work for a continuous period for more than 2 weeks other than for annual leave, in the past two years? | Yes | No |
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| If yes, please give details: | | |
| Do you have any commitments or interests which may interrupt your regular attendance at work? | Yes | No |
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| If yes, please give details: | | |

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| Transport | | | | | | | | | |
| Do you hold a NZ Driver’s License? | Yes | | No | If Yes, What Class of License | Full | Restricted | | Learners | |
|  | |  |  |  | |  | |
| Driver’s License Number |  | | | | | | | | |
| Have you any current or pending endorsements? | | | | | | | Yes | | No |
|  | |  |
| If yes, please give details: | | | | | | | | | |
| Have you any current or pending demerit points or license restrictions? | | | | | | | Yes | | No |
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| If yes, please give details: | | | | | | | | | |
| How do you intend to travel to work? | |  | | | | | | | |

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| Work History |

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| **Complete the details of the last five positions you have held, starting with your most recent position** |

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| Position | |  | | | | | | | |
| Name of Employer | |  | | | | | | | |
| Commencement Date of this Position | DD | MM | YYYY |  | End Date of This Position | DD | MM | | YYYY |
|  |  |  |  |  | |  |
| How many hours per week were you employed? | |  | | | | | | | |
| Why did you leave? | |  | | | | | | | |
| Briefly, what duties did you undertake? | |  | | | | | | | |
| Have you provided a referee from this workplace? | | | | | | Yes | | No | |
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| Position | |  | | | | | | | |
| Name of Employer | |  | | | | | | | |
| Commencement Date of this Position | DD | MM | YYYY |  | End Date of This Position | DD | MM | | YYYY |
|  |  |  |  |  | |  |
| How many hours per week were you employed? | |  | | | | | | | |
| Why did you leave? | |  | | | | | | | |
| Briefly, what duties did you undertake? | |  | | | | | | | |
| Have you provided a referee from this workplace? | | | | | | Yes | | No | |
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| Position | |  | | | | | | | |
| Name of Employer | |  | | | | | | | |
| Commencement Date of this Position | DD | MM | YYYY |  | End Date of This Position | DD | MM | | YYYY |
|  |  |  |  |  | |  |
| How many hours per week were you employed? | |  | | | | | | | |
| Why did you leave? | |  | | | | | | | |
| Briefly, what duties did you undertake? | |  | | | | | | | |
| Have you provided a referee from this workplace? | | | | | |  | | No | |
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Continued overleaf…

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| Work History Continued |

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| Position | |  | | | | | | | |
| Name of Employer | |  | | | | | | | |
| Commencement Date of this Position | DD | MM | YYYY |  | End Date of This Position | DD | MM | | YYYY |
|  |  |  |  |  | |  |
| How many hours per week were you employed? | |  | | | | | | | |
| Why did you leave? | |  | | | | | | | |
| Briefly, what duties did you undertake? | |  | | | | | | | |
| Have you provided a referee from this workplace? | | | | | | Yes | | No | |
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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Position | |  | | | | | | | |
| Name of Employer | |  | | | | | | | |
| Commencement Date of this Position | DD | MM | YYYY |  | End Date of This Position | DD | MM | | YYYY |
|  |  |  |  |  | |  |
| How many hours per week were you employed? | |  | | | | | | | |
| Why did you leave? | |  | | | | | | | |
| Briefly, what duties did you undertake? | |  | | | | | | | |
| Have you provided a referee from this workplace? | | | | | | Yes | | No | |
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| Information Regarding Volunteer, Training, Education or Not in Employment |

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| Please provide details of any volunteer work, training, education or other periods of time where you were not employed, spanning the previous 5 positions you have completed above. |

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| Referees |

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| Nominate at least two referees who would be available to provide a verbal reference for you in relation to your work: |

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| Name of Referee |  | | |
| Address |  | | |
| Contact Numbers |  |  |  |
| Best Time to Contact Them |  | | |
| Relationship to You  (e.g. colleague, supervisor, tutor) |  | | |
| How recently and in what capacity did you work with them? |  | | |
| Name of Referee |  | | |
| Address |  | | |
| Contact Numbers |  |  |  |
| Best Time to Contact Them |  | | |
| Relationship to You  (e.g. colleague, supervisor, tutor) |  | | |
| How recently and in what capacity did you work with them? |  | | |
| Name of Referee |  | | |
| Address |  | | |
| Contact Numbers |  |  |  |
| Best Time to Contact Them |  | | |
| Relationship to You  (e.g. colleague, supervisor, tutor) |  | | |
| How recently and in what capacity did you work with them? |  | | |

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| Referees – Relationship to Each Other |

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| Do any of the referees know each other? If so, please name them and their relationship to each other or how they know each other. | |
| Referee Name | Relationship to Each Other or How They Know Each Other |
| Example: John Smith | Example: These referees work together at the same company |
| Example: Mary Jones |
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| Fitness to Undertake Work |

The following information is required to assist CMKA/ELCM to meet its obligations under the Health and Safety in Employment Act 1992 and the Injury Prevention, Rehabilitation and Compensation Act 2001, and to assess your ability to perform the duties of the position safely and to ensure that you are not in a position where you could be placed in a situation of harm.

Please answer all of the following questions in the context of the position applied for (further information on the tasks of the position can be found in the position description).

Please answer these questions accurately as misrepresentation may not entitle you to ACC Compensation, and if employed, may constitute grounds for dismissal.

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| Have you ever had significant time off work (within the last two years) as a result of an illness, injury or infection that may affect your ability to perform the job you applied for? | Yes | | No | |
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| If Yes, please give details: | | | | |
| Have you ever suffered any back injury or back strain? | Yes | | No | |
|  | |  | |
| If yes, please give details: | | | | |
| Have you, or have you ever had, an injury or medical condition caused by gradual process, disease or infection which position applied for may aggravate (for example hearing loss, sensitivity to chemicals or repetitive strain injuries e.g. Occupational Overuse Syndrome? | Yes | | No | |
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| If yes, please give details: | | | | |
| If yes, what assistance would you require to work safely in the position applied for? (Please give details). | | | | |
| Do you have any other medical conditions, injury, impairment (including allergies, chemical sensitivities, hearing or eyesight difficulties) or any other factor that could affect your ability to undertake or be aggravated by, the role that you have applied for or your employment in general, or might affect you from attending work regularly? | | Yes | | No | |
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| If yes, please give details: | | | | | |
| Note: A prior condition may not prevent you working for CMKA/ELCM, although injury documentation may be requested. | | | | | |

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| If you answered “yes” to any of the above questions, or at the reasonable request of the CMKA/ELCM, do you agree to obtain a medical opinion to determine whether it is safe for you to perform the tasks of the position applied for? | Yes | No |
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| Criminal Record |

As you are applying for a position that requires a high level of trust and confidence, please advise whether you have ever been charged but not convicted of any criminal offence, or have been convicted of any criminal offence, *other than* minor traffic offences, or are waiting upon the hearing of criminal charges. The Criminal Records “Clean Slate” Act 2004 gives people the right, if they meet set conditions, to withhold information about their past criminal convictions. If you are uncertain if this applies to you, please refer to the Ministry of Justice website [www.justice.govt.nz](http://www.justice.govt.nz) Criminal Records (Clean Slate) Act 2004.

Note that under the Vulnerable Children’s Act 2014, some charges and convictions cannot be expunged from your record and are disclosed through the Police Vet Process which is part of this application.

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| Have you ever been charged with but not convicted of a criminal offence in New Zealand or any other country? | Yes | No |
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| Have you ever been convicted of a criminal offence in New Zealand or any other country? | Yes | No |
|  |  |
| Are there any charges against you that are yet to be heard? | Yes | No |
|  |  |
| If you answered yes to any of these questions, please provide details of the type of offence and date of conviction (if any): | | |
| Declaration | | |

1. I declare that the information I have supplied is given voluntarily and is, to the best of my knowledge, true accurate and complete in all respects.
2. I understand that all information provided by me, including my curriculum vitae/resume, references and any tests or assessments will be held by the CMKA/ELCM to be used for the purpose of evaluating my qualifications, experience and suitability for employment.
3. I have disclosed any illness or injury, which I believe, might affect my capacity to safely undertake the duties involved in this position.
4. I declare that there are no previous circumstances, events or behaviour in my personal or working life that would make me unsuitable to work with or have contact with children.
5. I understand that if I withhold relevant information or supply false or misleading information my application may not be further considered. I also understand that my employment may be terminated if, after investigation, CMKA/ELCM discovers that any information I have provided is false or misleading.
6. I understand that any offer of employment resulting from this application will be conditional upon CMKA/ELCM receiving a satisfactory result from the submission of my signed Police Vetting Service Request and Consent Form and other relevant safety checks as required under the Vulnerable Children’s Act (2014) and that the commencement date of employment into any position will not be prior to this result being received. Reference: The Vulnerable Children (Requirements for Safety Checks of Children’s Workers) Regulations 2015.

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| Name of Applicant |  | | |
| Signature of Applicant |  | **Date** |  |

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| Consent to Contact Referees, Other Persons or Organisations  Relating to Your Employment | | | |
| I give consent for CMKA/ELCM to contact the referees provided or any other person or organisation necessary to gather information for the purposes of assessing my suitability for the position I am applying for. | | | |
| Name of Applicant |  | | | |
| Signature of Applicant |  | **Date** |  | |

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| Statement of Privacy |

The information you provide in this application is being collected to ensure that CMKA/ELCM can recruit the most suitable candidate for any vacant positions.

The treatment of any information will comply with the Privacy of Information Act 1993 and any amendments, and with the Vulnerable Children’s Act (2014) and subsequent Regulations.

Information provided by you may be corrected at any time by you.

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| Storage of Your Application and Supporting Information |

For unsuccessful applications:

A copy of this application and supporting information will be securely held on file for one year from the date of application. CMKA/ELCM will return the application and all supporting information to the applicant upon request at any time, otherwise it will be securely destroyed at the end of the one-year period. Information will be securely stored, including for some elements, in an electronic storage form.

For successful applications:

A copy of this application and supporting information will be filed in your personnel file. Information will be securely stored, including for some elements, in an electronic storage form.