

EMPLOYMENT APPLICATION

To be completed personally by the Applicant

The completion of this form does not indicate that there is any obligation of Claud Switzer Memorial Trust to engage the applicant; the information is used for the purpose of assessing your suitability for employment by the company.

Position applied for:	Date of Application:
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YOUR NAME:	
Family Name:	
Given Names (underline name used):	
Are you known by any other name(s)?	Give details:

YOUR CONTACT ADDRESS AND TELEPHONE NUMBERS	
Contact Address:	
Email Address:	
Home Phone:	Mobile Phone:

AGE	
Have you reached the current school leaving age (16 years)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

LEGAL WORK STATUS	
Are you legally entitled to work in New Zealand?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, as a (tick one):* <input type="checkbox"/> New Zealand citizen <input type="checkbox"/> Permanent resident <input type="checkbox"/> Holder of a current work permit	
Have you attached a copy of your passport or Drivers Licence and Birth Certificate?	<input type="checkbox"/> Yes <input type="checkbox"/> No

EDUCATION	
Name of secondary school(s) attended.	
Qualifications (school certificate, university entrance) - (subjects)	
All qualifications (NZ or overseas, whether or not you think they are relevant to this role) must be disclosed. Please supply copies of certificates with this application.	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

LANGUAGES	
Can you hold an everyday conversation in any language other than English?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, which other language/s?	

QUALIFICATIONS

Please list any other certificates/licences or courses you have attended?

Please describe the skills you hold which are relevant to the position applied for?

EMPLOYMENT HISTORY:

Present or most recent place of business: _____ (Company name)

Position held: _____ Dates of service: _____

Main duties: _____

hours worked per week: _____ Reason for leaving: _____

Managers name: _____ Phone number: _____

For the purposes of compliance with the Privacy Act 1993 do you consent to the Company contacting your present or most recent employer for the purposes of reference checking? Yes No

Next most recent place of business: _____ (Company name)

Position held: _____ Dates of service: _____

Main duties: _____

hours worked per week: _____ Reason for leaving: _____

Managers name: _____ Phone number: _____

Next most recent place of business: _____ (Company name)

Position held: _____ Dates of service: _____

Main duties: _____

hours worked per week: _____ Reason for leaving: _____

Managers name: _____ Phone number: _____

Give details of any other job which may be relevant:

Have you ever worked for this company before? _____ Yes / No:

If yes, where and when:

Do you have secondary employment: _____ Yes / No

If yes, please detail:

EMPLOYMENT REFEREES**First referee**

Name: _____ Position: _____

Phone: _____ Company: _____

Second referee

Name: _____ Position: _____

Phone: _____ Company: _____

GENERAL	
If your application is successful when could you commence employment:	
Are you prepared to work shifts if required to do so?	Yes / No
Have you worked shifts before?	Yes / No
Do you have any present criminal convictions, not including any concealed under the Clean Slate Act?	Yes / No
Have you been the subject of a Diversion ordered by the Courts?	Yes / No
Are you awaiting the hearing of charges in a civil or criminal court of law?	Yes / No
Are you prepared to handle all products, materials, or equipment used in the industry?	Yes / No
Do you have a current drivers licence?	Yes / No
If yes, what class?	Drivers Licence No.:
Do you have any demerit points or endorsements?	Yes / No
Do you have any legal proceedings against you pending?	Yes / No
If yes, please details:	
Do you have a spouse, partner, or relative or working here or elsewhere in the same industry?	Yes / No
If yes, who?	Where?
What transport arrangements do you have to attend your place of employment?	

MEDICAL This organisation is concerned about delivering a high standard of care to the elderly, and your safety and health.	
Do you at present have, or have you in the past any medical or physical conditions which may affect your ability to carry out functions and responsibilities of the position you have applied for?	Yes / No
If yes, please give details:	
As an organisation involved in health we promote a 'smoke-free' workplace. Do you smoke?	Yes / No
If you want to be employed by this Trust you will need to complete a pre-employment drug and alcohol test and have a negative result prior to employment. Do you consent to this?	Yes / No
Have you had an injury or medical condition caused by gradual process, disease or infection (for example hearing loss, sensitivity to chemicals, repetitive strain injuries) that may be aggravated or further contributed to by the tasks of this job?	Yes / No
If yes, please give details:	
Have you suffered from any back problems in the past?	Yes / No
If yes, please give details:	
Have you ever had any instruction in manual handling and the transferring of people?	Yes / No
If yes, please give details:	

PRIVACY ACT CONSENT	
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 provided in this application and in any resume enclosed is accurate and I understand that if any false or misleading information is given, or any material fact suppressed, I will not be employed, or if I am employed, my employment may be terminated. I also understand that any false information given in relation to my medical history with regards to gradual process, disease or infection can result in my loss of entitlement for any compensation from Accident/Injury Insurance Compensation. I further understand that any offer of employment if made is conditional on my obtaining a full medical clearance through the company's employment medical.

Signed:

Date:

Please note:

Your application will not be accepted without a copy of photo ID (drivers licence or passport) and/or birth certificate (Visa status if applicable)

OFFICE USE ONLY	Date	Initials
Copy Birth Cert/Passport		
Database updated		
Acknowledgement sent		
Police check entered		
Drug and Alcohol Test		
Reference obtained		

REFERENCE CONSENT

Name of organisation for referee:

I consent to the Claud Switzer Memorial Trust seeking verbal or written information on a confidential basis 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 for which I am applying. I understand that the information received by the Trust is supplied in confidence as evaluative material and will not be disclosed to me.

Signature of applicant: **Date:**

REFERENCE CONSENT

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Signature of applicant: **Date:**

PRE-EMPLOYMENT DRUG AND ALCOHOL TESTING CONSENT

I consent to the Claud Switzer Memorial Trust arranging for me to undertake a drug and alcohol test. I understand that the information received by the Trust is supplied in confidence as evaluative material and will be disclosed to me.

Signature of applicant: **Date:**

If there are no current job vacancies I give my permission to hold my application on file for up to 6 months YES / NO

EMPLOYMENT APPLICATION PROFILE SHEET

Duties I performed in my last place of employment/Voluntary work:

Tells us about any hobbies and or interest you have: (Optional)

Please describe the skills, experience if any, relevant to the position applied for:

Tell us what you can bring to Switzer and why we should choose you: