

**EMPLOYMENT APPLICATION FORM**

**CONFIDENTIAL**

**This form must be completed *personally* by all applicants at the time they apply for a position.**

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| **NAME:**  |

*[Family Name]*   *[Given Names]*

|  |
| --- |
| **ADDRESS:**  |

|  |  |
| --- | --- |
| **TELEPHONE**: Work: | Home/Cell phone: 027 227 8488 |
| **EMAIL:** |

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| --- |
| **POSITION APPLYING FOR:**   |

**YOUR RIGHT TO WORK**

I am entitled under the Immigration Act 2009 to perform this role in New Zealand because (please tick the box that applies to you):

* I am a New Zealand or Australian Citizen
* I have a New Zealand resident or NZ permanent resident visa
* Specify expiry date (if residency is not permanent):
* Passport number: Nationality:
* I hold a visa with conditions permitting me to work in this employment in NZ
* Specify expiry date: Passport number:
* Nationality:

*Note that you will need to produce original documents for viewing if you are called to a job interview, or (if you are offered employment) before you commence employment.*

**OTHER EMPLOYMENT -** If appointed to this position, will you also be employed by another employer either as your primary or secondary employer? ¨ **Yes ¨ No**

If yes, please provide brief details:

**DRIVERS LICENCE** – Do you hold a current driver’s licence? ¨ **Yes ¨ No**

**Class of Licence: Licence No.**

***I will provide a copy of my driver’s licence within 24 hours of any request by hospice management.***

**ACCIDENT/INJURY** – Have you suffered any injury that may affect your ability to carry out tasks associated with the position applied for? (E.g., back injury or gradual process injury such as OOS.)

¨ **Yes ¨ No**

If yes, please give brief details, including any assistance that would help prevent re-occurrence:

Have you claimed accident compensation in the last 12 months? ¨ **Yes ¨ No**

If yes, give details:

**PERSONAL HEALTH** – Do you suffer from a health condition, injury or a disability that may affect your work performance in the position applied for? ¨ **Yes ¨ No**

If yes, please provide brief details:

**CRIMINAL RECORD -** This includes all court convictions, sentences and orders including court-based traffic convictions. Note that if you are eligible under Section 7 of the Criminal Records (Clean Slate) Act 2004 you are deemed to have no criminal record and do not need to provide details.

You can obtain confidential advice about answering this question free from the Employment relations info line 0800 800 863.

Do you have a Criminal Record or are you awaiting the hearing of charges in a court of law?

¨ **Yes ¨ No**

If yes, please provide brief details:

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***Should Marlborough Hospice Trust employ me, I undertake to inform my manager of any criminal conviction I receive while in this employment.***

**REFEREES** – Do you authorise Marlborough Hospice Trust to contact for a reference, the person/s nominated in your application as referees, and any other person/s Marlborough hospice Trust considers relevant to assessing your suitability for employment including professional bodies?

¨ **Yes ¨ No**

**PRIVACY STATEMENT:** In compliance with the Privacy Act 2020, Marlborough Hospice Trust shall only use the personal information given on this form for purposes related to the application for the employment position shown above. If the application is successful, this information will form part of Marlborough Hospice Trust staff records. You are entitled to access, and request amendment of, this information upon request.

* I give Marlborough Hospice Trust permission to store the information included in this form and obtained during the recruitment process (including interview and referee checks).

If an applicant is unsuccessful in their application for a position, the information obtained during the recruitment process will be destroyed after 12 months.

**I declare that:**

1. My answers in this applicant declaration, my CV and my application letter are all true, and not misleading; and
2. There is no further information that may be relevant that I have not told you about.

**I acknowledge that:**

1. Upon any employment with Marlborough Hospice Trust, failure to complete any part of my application completely and accurately, will be a ground for dismissal.

**I agree that:**

1. The information I have provided can be used to confirm my identity and my entitlement to work in NZ.

**Signature:** **Date:**