

APPLICATION FOR EMPLOYMENT



Dear Applicant

The information you provide on this application form, along with any other information you submit, will be used solely for the purpose of assessing your suitability for the position, which you are applying.

Failure to supply the information requested could prejudice Ngati Porou Hauora's ability to fully assess your suitability for the position.

If your application is successful, relevant information shall be retained and will form the basis of your confidential personal file. You are entitled to have access to your file on application.

Please attach a copy of your C.V. including copies of relevant Certificates. Do not send originals.

DECLARATION

I declare that all the information provided by me in support of my application is correct. I acknowledge that if I give incorrect or misleading information, or omit information of significance in respect of my suitability, I may be disqualified; or, if appointed, liable to summary dismissal. I also understand that if I give any false information in relation to my medical history it may result in the loss of any compensation from ACC, or prejudice my entitlement to paid sick leave.

I also understand that as a prerequisite for employment I may be required to undergo a medical examination or health screen.

Signature

Date

YOUR FULL NAME:

YOUR ADDRESS:
.....
.....
.....

YOUR PHONE AND FAX NUMBERS (include Country/Area Code)

Home Phone Business Phone Fax

Please forward your application to:

**The Human Resource Administrator
Ngati Porou Hauora
Box 2
TE PUIA SPRINGS**

POSITION APPLIED FOR

SECONDARY EDUCATION

Examinations passed:

RELEVANT QUALIFICATIONS: Tertiary: Trade: Professional etc:

.....
.....
.....

PRESENT/MOST RECENT EMPLOYER (delete as necessary)

Name of Employer: Position you hold/held Length of Service

.....

We may contact your present/most recent employer for a reference? YES / NO

YOUR EMPLOYMENT HISTORY: List all employment in order starting with the most recent. Continue on a separate sheet if required.

Name of Employer Position Held Length of Service Reason you left

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.....
.....
.....

REFEREES

Please provide name, address, phone/fax and position held of three persons who may be contacted to provide information to the selection panel in respect of your suitability for the position applied for.

One of these persons should be a current or recent employer.

All referees report obtained or provided for this purpose shall be and remain confidential and shall not be released, nor their contents disclosed, to any other person, including the applicant.

1 Name: Position or capacity in which known:
Address:
.....
Phone/fax (include area/country code):

2 Name: Position or capacity in which known:
Address:
.....
Phone/fax (include area/country code):

3 Name: Position or capacity in which known:
Address:
.....
Phone/fax (include area/country code):

I consent to Ngati Porou Hauora seeking verbal or written information on a confidential basis for the purpose of assessing my suitability for the position I am applying for.

AUTHORITY TO PRACTISE - if a requirement of the post

- Are you registered with the relevant NZ Trade or Professional Body? YES/NO
- Do you have a current Practising Certificate? YES/NO
- If you have answered NO to either question, what action have you taken to obtain same?
.....

CONVICTIONS AGAINST THE LAW

- Within the past ten years have you been convicted of any offence other than minor traffic?
- Or have you ever been the subject of a professional disciplinary enquiry? YES/NO
- Do you have any criminal or major traffic charges pending? YES/NO

If you have answered YES to either question please provide brief details in a sealed envelope marked CONFIDENTIAL and address it to the Personnel Officer. Attach the envelope to your application. Please complete attached Police check consent form.

WORK PERMIT

- Are you legally entitled to work in New Zealand? YES/NO
 - If you answer NO what steps have you taken to enable you to work in New Zealand?
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HEALTH DECLARATION

Have you ever had any injury or medical condition caused by gradual process, disease or infection - for example sensitivities to chemicals, repetitive strain injuries (RSI or OOS), hearing loss, etc. - that may be aggravated or further contributed to by the tasks of this job? YES/NO

If YES please detail:

Are you aware of any health or related problem you have which may affect you ability to perform the tasks of this job, or which we should take into account should you be successful in getting the position?

YES/NO

If YES please detail:

.....

NOTES FOR APPLICANTS

- 1 The applicant may be accompanied by any supplementary information, including CV. Do NOT send originals of certificates, references, etc.
- 2 If your application is for a specific advertised position you will be advised of the outcome as soon as possible after any closing date, or when an appointment decision has been made.
- 3 Should your application be successful you will need to produce the following information on commencement:
 - Evidence of qualification; Practising Certificate, etc.. as required for the post;
 - Your IRD number;
 - Your bank account number;
 - Work permit or other evidence of authority for employment in New Zealand (If Applicable).
- 4 If you are being appointed to a position involving patient contact you will be required to produce evidence of freedom from MRSA, and also your hepatitis B immunity status prior to commencement.
- 5 You may be required to undergo and pass a medical examination or health screening as a prerequisite for employment.
- 6 Completed applications must reach the undersigned by 4pm on the advertised closing date.

Administrator
NPH
Box 2
Te Puia Springs

FOR OFFICE USE		Initials
Date Received		
Date Acknowledged		
Referee reports requested		
Referee reports received		
For Interview	Yes / No	
Advised of outcome data(date)		
Has rights of review	Yes / No	
Appointment confirmed(date)		
Personal documents returned(date)		
Notes:		



Dear Sir/Madam

I acknowledge receipt of your application for the position of:

.....

I will write to you as soon as possible following the closing date.

You may be required to attend an interview in which case you will be contacted regarding arrangements for this; but in any case you will be advised in writing as to the outcome of your application.

Yours sincerely

Signed:

Designation:

Date:

**PO Box 2, Te Puia Springs
Phone: 068646803 Fax: 068646891**

Ngati Porou Hauora
PO Box 2,
Te Puia Springs
Tel 06) 8646 803
Fax 06)8646 841



Licensing & Vetting Service Centre
Police National Headquarters
PO Box 3017
WELLINGTON 6140

CONSENT TO DISCLOSURE OF INFORMATION

I
(Surname) (Fore Names)

.....
(Maiden or any other names used)

Sex (M/F) Date and place of birth
.....

Nationality..... Residential
Address.....

Suburb..... City.....

NZ Driver Licence number
.....

I hereby consent to the disclosure by the New Zealand Police of any information they may have pursuant to this application, to Ngati Porou Hauora. I understand that any record of criminal convictions I might have will automatically be concealed if I meet the eligibility criteria stipulated in Section 7 of the Criminal Records (Clean Slate) Act 2004

Signed Date

COMMENTS OF THE NEW ZEALAND POLICE

A stamped, self addressed envelope must accompany all requests