



EMPLOYMENT FORM / PUKATONO WHAKAURU

You are requested to personally complete this employment application form.

This application form and/or your CV are a source of information that will be used by us to consider your suitability for the position for which you are applying. If successful, such information will form part of your personnel records. Failure to supply the information requested would prejudice our ability to assess your suitability for the position. This form is an application only and does not mean Jack Inglis Aged Care Home is under obligation to employ you.

We would like to keep your application form and CV as part of our records and if unsuccessful for future positions that you may be appropriate for.

Please sign the following, if you choose not to sign and your application is unsuccessful this application form and CV shall be destroyed by us.

The above information is provided in accordance with the Privacy Act 2020.

Legal first name(s) / (Nga) ingoa tuatahi: _____

Legal Last name/ Ingoa whanau: _____

Preferred name(s): (if different) _____

Gender / Tuakiri a-ira: _____

Preferred gender pronoun: she-her/ he-him / they-them-theirs / other: _____

| POSITION/TAITARA MAHI | |
|--------------------------------------|--------------------------------------|
| Position/Tai tara mahi applying for: | |
| Applying for (please circle): | Full-time Part-time Casual |
| Availability to start/Ra timata: | |
| How did you hear about the facility? | |

| PERSONAL DETAILS | |
|-------------------------------------|----------------------------------|
| Address/wahi noho kainga: | |
| Home Phone/tau waea kainga: | Work Phone/tau waea mahi: |
| Mobile Phone/tau pukoro: | Birthday (Optional): |
| Email Address/wahitau imera: | |
| Next of kin/whanaunga tata: | Contact details: |

Employment Application Form

Location: Human Resources/Employment Documents

Date Issued: July 10

Last reviewed: October 2022

Next review date: August 2023

| Which ethnic group(s) do you belong to? No tehea, ehea matawaka koe? | | | |
|--|---------------------------------|-----------------------------|--|
| <i>An ethnic group is required by Ministry of Health for statistically purposes. PLEASE TICK ON OR MORE.</i> | | | |
| <input type="checkbox"/> | NZ European / Pakeha | | |
| <input type="checkbox"/> | Maori (Iwi and Region if known; | | |
| Iwi: | | Region/Rohe: | |
| Iwi: | | Region/Rohe: | |
| Iwi: | | Region/Rohe: | |
| <input type="checkbox"/> | Pacific Island/Pasifika | Please specify / Tuhai mai: | |
| <input type="checkbox"/> | Other | Please specify / Tuhai mai: | |
| 1 st language spoken/Reo tautahi: | | | |
| 2nd language spoken/Reo tautahi: | | | |
| Country of Birth: | | | |

| | |
|---|---|
| Are you a citizen of New Zealand? | YES / NO |
| If yes, can you produce evidence if require? YES / NO | If no , do you have the right of permanent residence? YES / NO If NO , do you have a work permit? (production of passport required) YES / NO |
| Are you an assisted immigrant under bond to the Government or any other employee? YES / NO | |

| QUALIFICATIONS-Tohu Tohu /STUDIES | | |
|--|----------------------|----------------------------|
| Qualification – Tohu Tohu | Year Obtained | Name of Institution |
| | | |
| | | |
| | | |

| PAST EMPLOYMENT / MAHI O MUA - Please fill out the following information in full even if it is on your CV (please list the last three places of employment with the current or most recent first) | | |
|---|--|--------------------|
| Position held Tai tara mahi | | |
| Employer/Kaituku mahi | | |
| Dates Employed | | Reason for leaving |
| | | |
| Position held Tai tara mahi | | |
| Employer/Kaituku mahi | | |
| Dates Employed | | Reason for leaving |
| | | |
| Position held Tai tara mahi | | |
| Employer/Kaituku mahi | | |
| Dates Employed | | Reason for leaving |
| Further positions you have held that may be relevant to this position: | | |
| | | |
| Do you have secondary employment? | YES / NO If yes, please give details: | |

| REFEREES / NGA KAIWAWAO MAHI (Two of which should be your most recent employers) | | |
|---|--|--|
| Legal first name(s) / (Nga) ingoa tuatahi: | | |
| Address/wahi noho kainga: | | Home Phone/tau waea kainga: Work Phone/tau waea mahi: |
| Relationship: | | |
| | | |
| Legal first name(s) / (Nga) ingoa tuatahi: | | |
| Address/wahi noho kainga: | | Home Phone/tau waea kainga: Work Phone/tau waea mahi: |
| Relationship: | | |

| REFEREES / NGA KAIWAWAO MAHI | |
|--|--|
| Legal first name(s) / (Nga) ingoa tuatahi: | |
| Address/wahi noho kainga: | Home Phone/tau waea kainga: Work Phone/tau waea mahi: |
| Relationship: | |

| Health and Medical / Hauora - Rongoa |
|--|
| Have you ever had or have: |
| Musculoskeletal injury (back, neck, shoulder etc.) YES / NO If yes, please give details: |
| Occupational overuse syndrome/repetitive strain injury YES / NO If yes, please give details: |
| Migraine, epilepsy, black outs, fainting, stroke or dizziness YES / NO If yes, please give details: |
| Diabetes YES / NO If yes, please give details: |
| Mental illness (e.g. anxiety, schizophrenia, depression etc) YES / NO If yes, please give details: |
| Have you ever had difficulties coping with change or other stressful events in the workplace? YES / NO If yes, please give details: |
| Skin rash, dermatitis, allergy or hay fever YES / NO If yes, please give details: |
| Respiratory illness, (e.g. asthma, emphysema etc) YES / NO If yes, please give details: |
| Cardio vascular disease YES / NO If yes, please give details: |
| Shift work problems (accidents, excessive tiredness etc) YES / NO If yes, please give details: |
| Alcohol or drug addiction or abuse YES / NO |

| | |
|--|-------------------|
| If yes, please give details: | |
| Has your use of alcohol and/or drugs ever affected your work performance? YES / NO If yes, please give details: | |
| Are you a smoker? YES / NO | |
| Have you ever needed to take more than your sick-leave allocation? YES / NO If yes, please give details: | |
| Have you claimed Accident compensation (ACC) in the last 12months? YES / NO If yes, please give details: | |
| Please state any serious injury or illness you have suffered that may affect your ability to effectively carry our functions and responsibilities of the position you are applying for: | |
| Do you have any known condition which may affect your ability to effectively carry out the functions and responsibilities of the position you have applied for: YES / NO if yes, please give details: | |
| Do you have any other known condition, which might put our staff or residents at risk? YES / NO If yes, please give details: | |
| As per COVID-19 Public Health Response (Vaccinations) Order 2021 it is required that people working in the health and disability sector are fully vaccinated. For that reason, we need to ask you: | |
| Have you had the Covid vaccination: First dose | Yes/No Date _____ |
| Second Dose | Yes/No Date _____ |
| Booster Dose | Yes/No Date _____ |
| Evidence sited and copied for file | Yes/No |
| Do you agree to a medical examination if required? YES / NO | |

| FURTHER INFORMATION | |
|--|--|
| Have you ever had problems at work arising from personality clashes, your attitudes or behavior, or conflicts with another staff member? YES / NO If yes, please give details: | |
| Have you taken legal action against, or has legal action been taken against you, by any former employers? YES / NO If yes, please give details: | |

| | |
|--|----------|
| If you are offered employment, you may be requested by Management to obtain a “clean” drug test. Do you agree to undergo a drug test if asked YES / NO | |
| Have you ever been convicted of a criminal offence or are you waiting for a criminal court hearing? YES / NO If yes , please detail all convictions and/or current charges. | |
| Do you hold a current driver’s license? If yes what type. | YES / NO |
| Have you previously had your driver’s license revoked? If yes please list details. | YES / NO |
| Is there any information you may be aware of which you have not yet disclosed but which an employer might regard as being relevant to its decision to offer you employment? (For example have you been dismissed from employment? If yes please give details). YES / NO If yes, please list details: | |
| NURSES only: | |
| Do you have a current practicing certificate? YES / NO APC number: | |
| Has the Nursing council taken any disciplinary action against you in the past, or are there any pending actions by the Nursing Council which may affect your ability to carry our work? YES / NO If yes , please give details: | |

DECLARATION

I declare that the information I have submitted both within this form and in connection with my application for employment, is true and correct. I understand that if any false information is given, or material suppressed, I may not be accepted or if I am employed my employment may be terminated immediately. I also understand that any false information in relation to the medical portion of this form may result in loss of entitlement to any compensation from ACC. I consent for this information to be disclosed for the purposes of consideration for employment.

My understanding is duties will be discussed and job description provided as part of any following job interview.

I give permission to

- Contact my previous referees.
- Contact my doctor or specialist regarding information on work related accidents or medical issues and results of this medical can be communicated to the Company.
- Disclosure of information by the New Zealand Police.

I declare that the information in this document is correct to the best of my knowledge.

Signature of Applicant: _____

Date /ra: _____