

APPLICATION FOR EMPLOYMENT

Thank you for your interest

Position applied for: _____

Family Name/Surname: _____

Given / First Names: _____

Address: _____

Email: _____

Phone: Home Business

Do you have permanent residency in New Zealand? Yes No

If not, are you legally authorised to work in New Zealand? Yes No

Do you have any health problems that may impair your performance in this position? Yes No

If yes, give brief details: _____

Have you been the subject of a complaint to your professional body or the Health and Disability Commissioner? Yes No

If yes, give brief details: _____

Is there any other material information that would be relevant for us to know about your previous employment history? Yes No

If yes, give brief details: _____

Have you been charged with or convicted of a criminal offence, or released from prison in the last 5 years? Yes No

If yes, give brief details: _____

Do you have any condition that may affect your ability to effectively carry out the functions and responsibilities of the position your are applying for? Yes No

If yes, give brief details: _____

Education and training

Secondary school	Years attended
Country of schooling	
University/polytechnic	
Professional/trade qualifications, or other specialised training	
Or "see CV"	<input type="checkbox"/>
Training school (nursing)	
Practicing certificate no.	Current? Yes <input type="checkbox"/> No <input type="checkbox"/>

Referees

Name:	Position:
Phone:	Email:
Name:	Position:
Phone:	Email:

Employment history

Please start with the present and work back in time, explaining any gaps in employment.

From : To	Employer	Position	Left because?

Other experience or education relevant to this position

Date:	Experience / Education / Training

Outside interests:

Declaration

- I declare that all information given on this form is correct, and I give my permission for referees to be contacted.
- I understand I may be required to supply originals of any relevant documents supporting this application (do not send originals with your application).
- I understand that all members of staff are required to comply with Wairarapa Health Policies and Procedures, in addition to legislation and regulation governing organisational function and individual practice.
- I understand that ongoing education and quality improvement are integral parts of employment and I will be expected to contribute in and participate in appropriate programmes.

Agreed:

Date:

APPLICANT STATISTICAL INFORMATION FORM

The completion of this form is desirable but optional because it asks for personal information such as age, ethnicity and gender. Provision of the information helps us monitor whether our methods of advertising and supplying information to potential applicants are resulting in a diverse range of applications. If you complete this form it will be detached from your application prior to the selection process.

Vacancy Number:

Position Applied for:

1. How did you find out this position was available? Please tick the appropriate box.

<input type="checkbox"/>	Someone told me
<input type="checkbox"/>	Wairarapa DHB internal advertising
<input type="checkbox"/>	Wairarapa DHB internet site
<input type="checkbox"/>	Recruitment Agency
<input type="checkbox"/>	Newspaper / Magazine advertisement (which one and which issue?)
<input type="checkbox"/>	Other (please state):

2. Gender

Male Female

3. Date of birth:

Day		Month	Jan	Year	
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4. Ethnicity:

Please tick up to two ethnic groups with which you identify most.

<input type="checkbox"/> NZ Maori	<input type="checkbox"/> Filipino
<input type="checkbox"/> NZ European / Pakeha	<input type="checkbox"/> Vietnamese
<input type="checkbox"/> Australian	<input type="checkbox"/> Other Southeast Asian
<input type="checkbox"/> British (incl. English, Irish, Scottish)	<input type="checkbox"/> Chinese
<input type="checkbox"/> Dutch	<input type="checkbox"/> Indian (incl. Fiji Indian)
<input type="checkbox"/> German	<input type="checkbox"/> Japanese
<input type="checkbox"/> Greek (incl. Greek Cypriot)	<input type="checkbox"/> Korean
<input type="checkbox"/> Italian	<input type="checkbox"/> Sri Lankan
<input type="checkbox"/> Polish	<input type="checkbox"/> Other Asian
<input type="checkbox"/> South Slav	<input type="checkbox"/> African
<input type="checkbox"/> Other European	<input type="checkbox"/> Latin American / Hispanic
<input type="checkbox"/> Cook Island Maori	<input type="checkbox"/> Middle Eastern
<input type="checkbox"/> Fijian (except Fiji Indian)	
<input type="checkbox"/> Niuean	
<input type="checkbox"/> Samoan	<input type="checkbox"/> Other (Please state):
<input type="checkbox"/> Tokelauan	
<input type="checkbox"/> Tongan	
<input type="checkbox"/> Other Pacific Peoples	<input type="checkbox"/> I chose not to state my ethnicity

5. Current Employment Status:

<input type="checkbox"/> Current Wairarapa DHB Employee
<input type="checkbox"/> Private Sector Employee
<input type="checkbox"/> Public Service Employee
<input type="checkbox"/> Re-entering or Entering the workforce

Thank you for completing this form.