



Employment Application Form

All applicants are required to complete an **application form** and also provide a **Curriculum Vita** detailing positions held, qualifications and training relevant to the position.

APPLICANT INFORMATION

Position applied for

Last Name

First Name (in full)

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Preferred Name

Have you been, or are you known by another name? (Name in full)

Address

Home Phone

Mobile Phone

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Email address

Ethnicity (Optional)

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Are you a citizen of New Zealand? Yes No

If No, are you authorised to work in New Zealand? Yes No (Please note we may request for a copy of your visa)

Have you worked for this company before? Yes No

If Yes, when?

QUALIFICATION

Do you have any qualifications that are relevant to the position you are applying for? (Please note that we may request for your certification or proof of qualification)



HEALTH

You are asked to complete the following information to enable us to consider any reasonable accommodation we may need to make in the workplace to ensure your safety.

Do you have any condition or injury, which may affect your ability to effectively carry out the functions and tasks of the position applied for? Yes No

If you answered yes to above, please specify:

Are you on medication which could affect your performance in the job? Yes No

If you answered yes to above, please specify:

Have you in the past or do you now suffer from any conditions that might contribute to a gradual process musculoskeletal injury? Yes No

If you answered yes to above, please specify:

Have you had any time away from work for any injury? Yes No

If you answered yes to above, please specify (including dates):

Have you ever lodged a claim with ACC or a Work Place Insurer? Yes No

If you answered yes to above, please specify (including dates):



CRIMINAL/CIVIL/PROFESSIONAL CONVICTION DECLARATION

Applicants may be required to provide verification of any criminal history or convictions through the Department for Courts. Are you willing to allow such information to be sought and be disclosed to the Health Action Trust Chairperson as part of this application process? Yes No

Have you ever been charged or convicted of any offence against the law or do you have any criminal charges pending? Yes No

If yes, please provide full details (including dates):

Have you ever had a professional disciplinary action initiated against you? Yes No

If yes, please provide full details (including dates):

If Applicant is successful, you will be required to complete a Ministry of Justice CRC. This is a request by third party under the official information act 1982 for a copy of an individual's criminal conviction held on the Ministry of Justice computer Systems. This check will be completed every two years during employment at HAT.



REFEREES

Please give the name, address and telephone number of at least two work referees whom we may contact.

If you have little or no employment experience or are returning to the workforce, give the name, address and telephone number of two character referees whom we may contact.

Full name of referee

Position of employment

Referee work phone

Referee mobile phone

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Company Address

Full name of referee

Position of employment

Referee work phone

Referee mobile phone

<input type="text"/>	<input type="text"/>
----------------------	----------------------

Company Address

Full name of referee

Position of employment



Referee work phone

Referee mobile phone

--	--

Company Address

--

May we contact these people before interviewing you? Yes No

Do you agree to inquiries being made to the accuracy of information contained in this application form or any other matter relating to your suitability for employment? Yes No

If you are unsuccessful with this role, would you like your CV kept on file for future positions?

Yes No

If you are unsuccessful with this role, would you like to be considered for another department within our organisation? Yes No

DECLARATION AND SIGNATURE

I agree that all references and reports obtained by the Health Action Trust for the purposes of this application will be confidential to the Health Action Trust.

The Health Action Trust may retain the information for six months following the filling of the position to which this application relates.

If offered a position, I am prepared to produce my bank account number, evidence of educational qualifications, current drivers licence, evidence of citizenship/residency status, if required to do so.

I am aware that under the Privacy Act 1993, I have the right of access to certain personal information and to request a correction to it and/or to request that there be attached to it a statement that I can supply to the Health Action Trust relating to the fact that I have requested a correction.

Declaration

I have personally completed this application for employment and declare that the above particulars provided in this application (**and CV**) are true and correct. I understand that should I be successful in my application, falsification, misleading or the suppression of material information will be grounds for my employment to be summarily terminated and may affect my eligibility to compensation from ACC.

Signature

Date

--	--