



APPLICATION FOR EMPLOYMENT

Tūwharetoa Health Charitable Trust seeks the following information from applicants in accordance with the provisions of the Privacy Act 2020. This is to assess an applicant's suitability for a position within the organisation. The information on this form will only be disclosed to the representatives of Tūwharetoa Health involved in the recruitment and appointment process. Application forms from successful applicants will be retained as part of the appointee's personnel file.

Please complete this form in full, and attach your Curriculum Vitae, and send both to Tuwharetoa Health with a covering letter which highlights your suitability for the position.

Position			
PERSONAL DETAILS			
First Name(s)		Preferred Name	
Surname		Previous Name/s	
Address			
Telephone(s)			
Email			
LEGAL WORK STATUS			
Please indicate the basis on which you are legally entitled to work in New Zealand. (Tick one) You may be asked to provide documentation in support of your entitlement;			
New Zealand Citizen	<input type="checkbox"/>	Permanent Resident	<input type="checkbox"/>
		Hold a Current Work Permit	<input type="checkbox"/>
HEALTH			
Tūwharetoa Health is a smokefree workplace. Staff may only smoke or vape in designated break times and off Tūwharetoa Health premises. Will this create any problems for you?	<input type="checkbox"/>	Yes	<input type="checkbox"/>
		No	<input type="checkbox"/>
Do you have any medical or physical conditions or disabilities that might affect your ability to perform the duties of this position?	<input type="checkbox"/>	Yes	<input type="checkbox"/>
		No	<input type="checkbox"/>
If Yes, please provide details:			

DRIVER LICENCE				
Do you have a current, full New Zealand Driver Licence?			Yes	No
Licence Number		Class		
Do you have any Demerit Points or endorsements?			Yes	No
Are there any charges pending which could affect your Driver Licence?			Yes	No
Has your Driver Licence ever been cancelled?			Yes	No
Do you have any previous criminal or traffic convictions			Yes	No
Do you have any pending charges for criminal or traffic offences?			Yes	No
If you have answered YES to any of the five questions above, please expand on these on a separate page.				
PREVIOUS EMPLOYMENT (please list most recent position first)				
EMPLOYER	POSITION	START DATE	FINISH DATE	REASON FOR LEAVING
QUALIFICATIONS (please list most recent qualifications first)				
Where appropriate you will be asked to produce original documentation / practicing certificates				
QUALIFICATION	INSTITUTION		COMPLETION DATE	
GENERAL				
Interests, community involvement or additional information to support your application				

POSITION SPECIFIC QUESTIONS

The following questions relate to your capacity to fulfil the requirements of the position for which you are applying.

1. Please outline your experience as relevant to the job description.

2. Please outline your experience working with Whānau Māori.

3. What hours would you prefer to work?

4. Would you prefer to be based in Turangi or Taupo? Or either?

REFERENCES			
Please provide three work related referees that we may contact			
FIRST REFEREE			
Name			
Position			
Company / organisation			
Telephone number/s			
Email			
Relationship to you			
SECOND REFEREE			
Name			
Position			
Company / organisation			
Telephone number/s			
Email			
Relationship to you			
THIRD REFEREE			
Name			
Position			
Company / organisation			
Telephone number/s			
Email			
Relationship to you			
DECLARATION			
<p>I _____(full name)</p> <ul style="list-style-type: none"> • declare that to the best of my knowledge the information provided in this application and in any attached documentation is accurate. I understand that if any false or misleading information is given, or any material fact suppressed, I will not be employed, or if I am employed, my employment will be terminated. • consent to Tuwharetoa Health contacting my named referees to obtain verbal or written information about my suitability for the position for which I am applying. I understand that the information received is supplied in confidence and will not be disclosed to me. • consent to Tuwharetoa Health undertaking a Police Check. 			
SIGNATURE		DATE	