

Application For Employment

Note: the completion of this form does not indicate that there is any obligation on the company to engage the applicant

Please answer the following questions in relation to your application for employment, which will assist Central Otago Health Services Limited to assess your suitability for the position.

The questions being asked are relevant to the nature and type of work undertaken in Central Otago Health Services Limited and comply with the rights and obligations under legislation, including the Immigration Act 1987, the Health and Safety in Employment Act 1992, the Human Rights Act 1993 and HPCA Act 2003. The information will be used by Central Otago Health Services Limited to assess you for this purpose only.

SECTION 1: General details

Date: _____ Position applied for: _____

Personal Details

Surname: _____ Forenames: _____

Home address: _____

Contact phone numbers:

Daytime _____ Evening _____ Mobile _____

Email address: _____

Do you hold a current drivers license: YES NO

Are you legally entitled to work in NZ? YES NO

If you are legally entitled to work because you have a work permit, please indicate when that permit expires

Expiry date: _____ *(if successful in your application, we will request a copy of your work permit)*

SECTION 2: Disabilities or medical conditions

Note: The Human Rights Act 1993 defines disability as; physical disability or impairment; physical illness; psychiatric illness; intellectual or psychological disability or impairment; the presence in the body of organisms capable of causing illness; any other loss or abnormality of a body or mind function; and reliance on a guide dog, wheelchair or other remedial means.

2a. Do you have any disability or medical condition that would affect your ability to effectively carry out the tasks and responsibilities described in the job specification? YES NO

IF YES, please provide details:

(please include any services or facilities which would allow you to carry out this role satisfactorily)

2b. Do you have or have you had any injury or medical condition caused by a gradual process, disease or infection which may be aggravated by the function and responsibilities of the job for which you have applied, and as it is described in the attached job specification? YES NO

IF YES, please provide details:

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2c. Do you have any present or past injury for which you may or may not have claimed ACC and/or other insurance cover, likely to be aggravated by the job you have applied for? YES NO

IF YES, please provide details:

2d. Have you suffered any injury to your neck, shoulders or back? YES NO
Please detail and mark the attached drawing (below) accordingly.

IF YES, please give an explanation below:

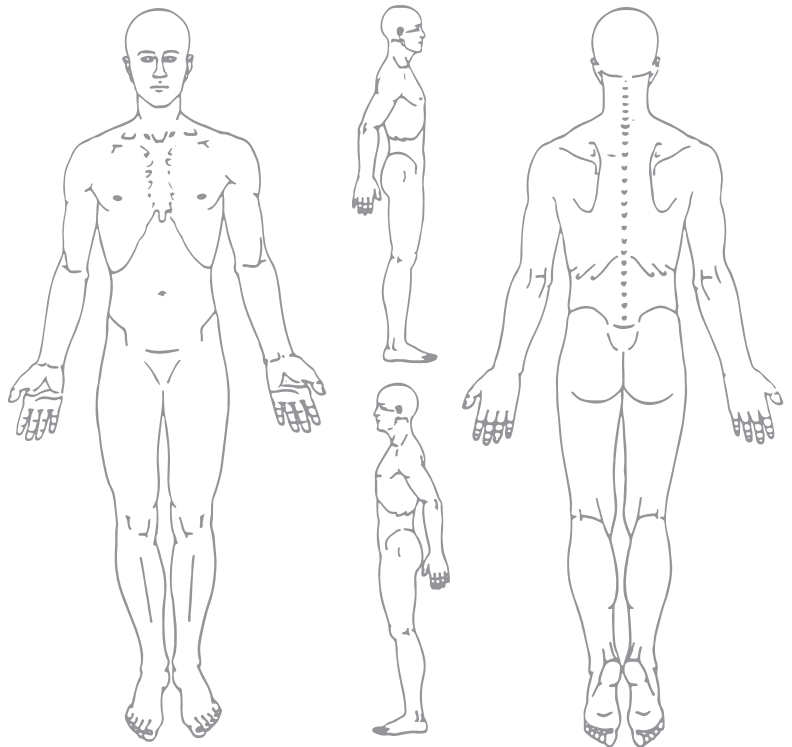
When did the injury occur:

What was the cause:

What treatment are you/have you been receiving:

2e. Please use all four diagrams to indicate areas of injury or discomfort.

- Shade in areas of pain
- Show arrows if pain moves
- Show bruising or marks



SECTION 3: Criminal and bankruptcy history

3a. Have you ever been convicted of any criminal offence, particularly relating to dishonesty, e.g., fraud, misappropriation of funds, within the last five years? YES NO

3b. Are you awaiting a hearing on any such charges? YES NO

If you answered YES to either 3a or 3b, please provide details:

3c. Have you ever been declared bankrupt? YES NO

