

## **CONFIDENTIAL** - To be completed personally by applicant

## **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.

<b>SECTION 1</b> :	General details 🗕				
Date:	Position applied	d for:			
Personal Detail	s				
Surname:			Forenames:		
Home address:					
Contact phone n	umbers:				
Daytime	Eve	ening	Mobile		
Email address:					
Do you hold a cu	rrent drivers license:	YES	NO		
re you legally er	ntitled to work in NZ?	YES	NO		
If you are legally	entitled to work becaus	se you have	a work permit, please indicate when	that permit expire:	s
Expiry date:		(if successf	ul in your application, we will request a cop	y of your work permit	<del>:</del> )
Note: The Human illness; intellectual	or psychological disability	isability as; p y or impairm	hysical disability or impairment; physic ent; the presence in the body of organ unction; and reliance on a guide dog, v	isms capable of caus	
-	-		that would affect your ability to s described in the job specification?	YES	NO
	e provide details: any services or facilities whic	ch would allov	v you to carry out this role satisfactorily)		
infection whi	ch may be aggravated by ve applied, and as it is do	y the functi	cal condition caused by a gradual pro on and responsibilities of the job for the attached job specification?		NO

**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? Please detail and mark the attached drawing (below) accordingly.

YES NO

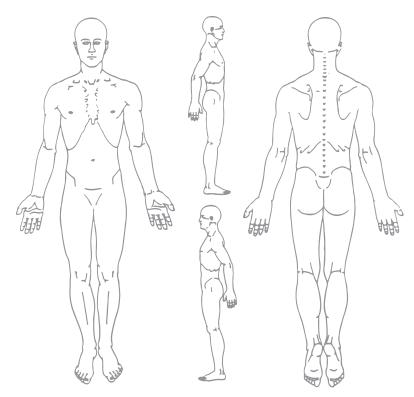
IF YES, please give an explanation below:

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

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

NO

Phone numbers:

Day:

## Declaration and acknowledgement \_\_\_

This information is being collected to enable Central Otago Health Services Limited to assess your suitability for this position and will be used for this purpose only. If you fail or refuse to provide the information requested, then your application may be rejected by Central Otago Health Services Limited. If you provide false or inaccurate information, this will be considered serious misconduct and may result in dismissal should you be employed by Central Otago Health Services Limited. Please also note that any false information given in Section Two, entitled

Disabilities or Med	dical Conditions, may r	result in your loss of entitlement to earnings related co	mpensatio	n.		
-	rovides you with the rig ral Otago Health Servic	ght to request access to and/or correct the personal ir ces Limited.	nformation	about		
I information that I	I have provided is accu	(full name) declare that to the best of rrate and complete.	my knowle	edge the		
Signature:		Date:	Date:			
Consent to c	ontact referees					
Applicant name:		Signature:				
Position being sou	ught:	Date:				
representatives of by them to Centra position I am appl	f my previous employe al Otago Health Servic lying for. I understand	(full name) consent to Central Otago rbal or written information on a confidential basis about and/or referees and authorise the information soughtes Limited for the purposes of ascertaining my suitabe that the information received by Central Otago Healt material and will not be disclosed to me.	out me fron ght to be re ility for the	n eleased		
REFEREE #1						
Name:		Relationship:				
Current position:		Company:				
Phone numbers:	Day:	Evening/mobile (if appropriate):				
REFEREE #2						
Name:		Relationship:				
Current position:		Company:				
Phone numbers:	Day:	Evening/mobile (if appropriate):				
REFEREE #3						
Name:		Relationship:				
Current position:		Company:				

Evening/mobile (if appropriate):