

Application for Employment

CONFIDENTIAL



NOTE: The completion of this form does not indicate that there is any obligation on Te Tohu o Te Ora o Ngati Awa to engage this applicant.

PURPOSE: This information is collected for the purpose of assessing your suitability for employment with Te Tohu o Te Ora o Ngati Awa.

This application is to be completed personally by the applicant.

Position applied for:

Surname/Family Name	First Names (in full)

Residential Address	Postal Address
Since:	

Contact Telephone Number		
Private:	Business:	Mobile:
Email Address:		

Tribe/Iwi	Hapu
Level of Te Reo Māori (please circle which one applies)	

Beginner

Intermediate

Advanced

Fluent/Native

Birth Date (optional):

Available Start Date:

Please tick the appropriate boxes:		
Are you a New Zealand citizen?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If not, do you have resident status, or	Yes <input type="checkbox"/>	No <input type="checkbox"/>
A current work permit	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever had a criminal conviction?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<p>“Conviction of a crime will not necessarily be a bar to employment. Factors such as age at the time of the offence, remoteness of the offence in time, and rehabilitation will be taken into account in determining the effect on suitability for this position.”</p> <p>If “Yes” please detail:</p>		
Have you ever received a police diversion for an offence?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<p>If “Yes” please detail:</p>		
Have you been convicted of a driving offence that resulted in temporary or permanent loss of licence, or imprisonment?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<p>If “Yes” please detail:</p>		
Are you awaiting sentencing/currently have charges pending?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<p>If “Yes” please state the nature of the conviction/cases pending:</p>		
Are you known, or have you ever been known, by any name other than those stated above?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<p>If “Yes”, please list them:</p>		
In addition to other information provided, are there any other factors that we should know to assess your suitability for appointment and ability to do the job?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<p>If “Yes”, please elaborate:</p>		
Have you had any injury or medical condition caused by gradual process, disease or infection, such as occupational overuse syndrome, stress or repetitive strain injuries, which the tasks of this job may aggravate or contribute to?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<p>If “Yes”, please detail:</p>		
Are you Smokefree?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you currently a registered nurse or a registered teacher?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<p>Registration number:</p>		
Do you have a current FULL New Zealand driver’s licence?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<p>Drivers Licence number:</p>		

Do you have a current First Aid certificate: Yes No

Education

Education	School or Institution	LOCATION (Complete mail address)	NUMBER OF YEARS COMPLETED	HIGHEST QUALIFICATION GAINED
Secondary School				
Private Training Establishment				
Polytechnic				
University				
Other				

Employment History

Please list your work experience in your **last three jobs** beginning with your most recent job held.

If you have had **more than three jobs** in the last 5 years, please list them all. Use additional sheets if necessary.

Employment Dates	Employer's Name, Address & Phone Number	Last Job Title	Reason for Leaving (Please be Specific)
From: To:			
Name of Supervisor:			
List the roles you held, duties performed, skills used or learned, advancements or promotions while you worked in this organization.			
From: To:			
Name of Supervisor:			
List the roles you held, duties performed, skills used or learned, advancements or promotions while you worked in this organization.			
From: To:			
Name of Supervisor:			
List the roles you held, duties performed, skills used or learned, advancements or promotions while you worked in this organization.			

Referees

Please provide the names of three people who could act as referees for you. At least one of these should be able to attest to your paid or unpaid work performance within the last 12 months. Please note that Te Tohu o Te Ora o Ngati

Awa will contact some or all of the referees provided by you.

Please ensure referees listed are those you have had dealings with in the last 3 years.

Referee Name	Address	Telephone	Relationship (e.g. Supervisor)

Unless you request as follows, no approach will be made to your present employer before an offer of employment is made, in which case the offer may be conditional upon receipt of satisfactory reference from your present employer.

- I do not want my present employer to be approached unless and until I am offered, subject to a satisfactory reference, the job for which I am applying.
- You may approach my present employer for a reference at any time.

Do you agree to these referees being asked to nominate other persons who might assist in assessing your application? If Yes , please note that Te Tohu o Te Ora o Ngati Awa may contact these persons.	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you taken a Personal Grievance against a former employer?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Supporting Information

Please attach you curriculum vitae or any other supporting information to this application.

Curriculum Vitae attached Yes No

Other supporting information attached Yes No

How did you hear about this position?

- Word of mouth
- Newspaper (please state)
- Internet

Declaration

I certify that the information I have supplied in this application is true and correct. I understand that if I have supplied incorrect or misleading information, or have omitted any important information, I may be disqualified from appointment or, if appointed, may be liable to be dismissed. I declare to the best of my knowledge the information submitted in any accompanying documents is correct.

Signature _____

Date _____

Please return this application form to:

**Human Resources
Te Tohu o Te Ora o Ngati Awa
15 Golf Links Road
WHAKATANE 3198**