



ACROSS TE KOTAHITANGA O TE WAIRUA

APPLICATION FOR EMPLOYMENT

CONFIDENTIAL

To be completed personally by applicant in their own handwriting.

The information you provide on this form will be used to assist ACROSS in considering your suitability for employment, which may include subsequent employment changes in ACROSS. If successful, such information shall form part of the ACROSS' personnel records.

You have the right of access to personal information, in accordance with the Privacy Act 1993, and to seek any correction you think necessary to ensure accuracy. You should provide complete information in answer to each question regardless of whether you consider it relevant to the position applied for.

If unsuccessful do you consent to ACROSS retaining the information in this application form for the purposes of considering your suitability for any other position which may arise, in the 12 month period after the date of your application, with ACROSS? YES / NO

At the conclusion of the 12-month period, after the date of application, this form will be destroyed.

Position Applied For: _____ Date _____

Date Available (if successful) _____

Section 1 - PERSONAL INFORMATION

Name (Last Name) (First Names) (Preferred Name)

Are you known by any other name?

Full Address (Home)

Full Address (Postal)

Phone (Home) (Work)

Are you a New Zealand (NZ) citizen? YES / NO

If no, do you have permanent residency in NZ or do you have a valid NZ work permit? YES / NO / NA (If yes, evidence will be required for verification)

Are you an assisted immigrant under bond to the Government or any other employer? YES / NO / NA

Person to contact in an emergency

Name:

Address:

Relationship:

Phone (Home) (Work)



Section 2 - MEDICAL

a) Do you suffer from: asthma, epilepsy, back injury or strain, sight defect, allergies, OR any known injury, illness or other condition which may affect your ability to effectively carry out the functions and responsibilities of the position applied for? YES / NO

If yes, please give details

b) Are you prepared to complete a medical questionnaire and/or undertake a medical examination (the cost will be paid for by ACROSS) if required for the position you applied for? YES / NO

c) How many days, in the last two years, have you been absent from work due to:

- Sickness? days • Injury? days • Personal or domestic reasons? days

Section 3 – EDUCATION & QUALIFICATIONS

Name of Secondary School, Institute, University attended	From	To	Qualifications

Social work/other qualification(s)? YES / NO If yes state details (type, year attained, level of attainment)

Other experience / accomplishments you consider relevant? (e.g. computer skills, first aid training, ability in foreign languages etc)

Professional registrations and membership? YES / NO If yes state details (type, expiry date)

Section 4 – EMPLOYMENT HISTORY

Last or Present Employer

Address

Position Held From: / / to / /

Manager / Supervisor's Name

Key Duties and Responsibilities

Reason for leaving

Past Employment			
Date	Company/Organisation	Position Held	Reason for Leaving
From To			



Do you have secondary employment? YES / NO If yes state details

Have you previously been employed by this ACROSS? YES / NO If yes state details

Section 5 - GENERAL

Do you have a current drivers licence? YES / NO

If yes state classes held / licence No Expiry Date

Do you have any demerit points or endorsements? YES / NO If yes give details

Have you ever been convicted of a criminal offence? YES / NO

Are you awaiting the hearing of charges in a civil or criminal court of law? YES / NO

If yes, to either of the above, please specify:

I authorise ACROSS to undertake a security check with NZ Police. YES / NO

Are you available to work? (please tick all boxes that apply)	<input type="checkbox"/> Full time	<input type="checkbox"/> Part time	<input type="checkbox"/> Temporary	<input type="checkbox"/> Casual
	<input type="checkbox"/> Overtime	<input type="checkbox"/> Shifts	<input type="checkbox"/> Weekends	
Comments (if desired)				
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Do you have any actual or known possible commitments that might prevent you from attending your place of employment, and/or affect your ability to work overtime, now or in the future? YES / NO

If yes, please give details

Are you a member of the Territorial Force or Volunteer Fire Brigade? YES / NO

What transport arrangements do you have for attending your place of work?

I acknowledge that if appointed my wages or salary will be direct credited to my bank account.

Section 6 - ADDITIONAL INFORMATION



Please attach your Curriculum Vitae (if available) and record any additional information (including any comments clarifying any of your responses in the previous 4 sections of this form) which you consider may assist your application. For example: achievements, interests, aspirations etc (continue on separate blank sheet if necessary)

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Section 7 - REFEREES

State details of at least 3 referees (preferably work related) that we could contact for a current work and/or character reference.			
<u>Name</u>	<u>Company/Organisation</u>	<u>Occupation/Position</u>	<u>Phone No.</u>

Consent to contact Previous Employers and/or Referees I consent to ACROSS seeking verbal or written information, on a confidential basis, about me from representatives of my previous employers and/or referees and authorise the information sought to be released by them to ACROSS for the purposes of ascertaining my suitability for the position for which I am applying. I understand that the information received by ACROSS is supplied in confidence as evaluative material and will not be disclosed to me. *[Note: Your present employer will not be contacted unless you give your express consent beforehand]*

YES / NO If yes, _____ (signature) Date: _____

Section 8 - DECLARATION

I (full name)
 Declare that to the best of my knowledge, the information supplied in this application and any Curriculum Vitae and/or other support documents are correct. I understand that if any false or deliberately misleading information is given, or any material fact suppressed, I will not be accepted, or if I am employed, my employment will be terminated. I also understand any false, deliberately misleading or suppressed information given in the Medical section may result in my loss of entitlement for any compensation from ACC or our insurance provider.

Signed: _____ Date: _____