

Employment Application Form

Position applied for: _____

SURNAME: _____ FIRST NAMES: _____	
What other name(s) are you known by: _____	
ADDRESS: _____	
PHONE NO: _____	MOBILE: _____ Date of Birth: _____
Email Address: _____ Ethnicity: _____	
Emergency alternative contact details:	
Name: _____	
Address: _____	
Relationship: _____	Work: _____
Telephone Contact: _____	Email: _____
Transport:	YES / NO
Current Driver's License Number: _____ Classes Covered by this License: _____	
Have you had any court convictions in the past?	YES / NO
<i>Details:</i> _____	
Are you currently waiting the hearing of any charges?	YES / NO
<i>Details:</i> _____	
Nurses: Are you currently or have you been in the past, subject to an investigation by Nursing Council or the Health and Disability Commission?	YES / NO
Do you have a right of permanent residence in New Zealand?	YES / NO
Do you have a valid work permit? Yes / No Expiry Date of Work Permit: _____	
Do you smoke at work? (<i>You are reminded that 'Tainui Village' has a Smokefree Environments Policy</i>)	YES / NO
Do you intend to engage in other paid work whilst employed at 'Tainui Village'?	YES / NO
If your application is successful, do you consent to your photograph being displayed and/ or used in promotional material including the facility Facebook page, their website or Eldernet?	YES / NO
Do you have any commitments which may prevent you from attending your place of employment during your ordinary hours of work, or affect your ability to be available to work extra shifts?	YES / NO
If yes, give brief details: _____	

Are you flexible to hours of work/shift work ?	YES / NO

I give permission for you to check Police records in relation to me:

YES / NO

(sign separate form for this)

Police Record check will be conducted through an 'online' internet process. <https://justice.govt.nz/criminal-records/get-your-own/> to request your own (this is free for you to do).

I give permission for random alcohol and drug testing as per Company policy:

YES / NO

Curriculum Vitae attached:

YES / NO

PRESENT POSITION

Date		Employer	Position and brief Description of Duties	Salary / Wage Rate (optional)	Reason for Change
From	To				
May we contact you during working hours?				YES / NO	Phone
May we contact your present employer?				YES / NO	Phone

EMPLOYMENT HISTORY

Date		Employer	Position and brief Description of Duties	Salary / Wage Rate	Reason for Change
From	To				
May we contact past employers?					YES / NO

Please give details of referees whom you authorise us to contact that you have had to report directly to in relation to your work performance. Reference checks are compulsory when working in this care facility.

REFEREES (Preferably past or present employers or supervisors)

Name	Business or Professional occupation	Address and Phone

REGISTERED / ENROLLED NURSE:

Year of Registration:

Practising Certificate No:

CONDITIONS OF APPLICATION

1. The applicant's references and qualifications may be checked and copies held on file.
2. The applicant accepts that he/she would be required to abide by Tainui Village Philosophy, Employment Agreement, Job Description, and our Policies and Procedures in accordance with current legislation and standards.
3. It is expected that you will have a current First Aid Certificate. If not, you are encouraged to achieve one within six months of employment.

Qualifications: (Please list here – you will need to provide evidence of completion of these i.e.; copies of Certificates).

How would you describe your computer skills?

APPLICANT'S DECLARATION OF HEALTH

Please complete this form carefully and return with your application.

A declaration of an applicant's past and present health is a requirement for acceptance into a position with 'Tainui Village'. The information is required to ensure there are no health problems that could affect your safety or those for whom you are providing care. This form and its contents will be treated as strictly confidential.

NAME: _____

(Surname)	(First names)	
	YES / NO	COMMENTS
1. Have you ever suffered any injury which has resulted in you taking time off work? Are you allergic to, or have sensitivity to any substances or chemicals? Have you ever suffered any back injury or back strain? Have you ever suffered from any overuse injuries, e.g. RSI? Have you got any condition that may affect your ability to perform your role?		
2. Have you suffered any: Hearing Loss? – <u>Maintenance personnel</u> are required to undergo a pre-employment hearing test. Diabetes? Blackouts or fits/seizures? Asthma? Skin Condition (Dermatitis or Eczema, MRSA)? Tuberculosis?		Audiology test booked: Yes / No Date: Outcome:

3. Do you have any other condition which may affect your ability to effectively carry out the functions and responsibilities of the position applied for?

If so please give details: _____

May we approach your family Doctor, if it is necessary to do so in case of emergency? If so, please give his/her name and address (see declaration)

Doctor: _____
 (Name) (Address)

4. Vaccinations:

Are you fully vaccinated against COVID-19? Yes / No

Do you agree to maintain mandated vaccination status? Yes / No

Do you consent to undertaking COVID-19 Screening as directed by the Employer? Yes / No

Have you received current Influenza Vaccine? Yes / No

Hepatitis B - For your protection it is advised that you obtain a current vaccination for Hep B.

MRSA status - Positive / Negative Date of last test: _____

DECLARATION

I, _____ (Full Name)

agree to the above conditions and declare to the best of my knowledge, the answers to the questions in this application (*and the attached Curriculum Vitae*) are correct. I understand that if any false information is given, or any material fact suppressed, I may not be accepted, or if I am employed, I may be dismissed. I also understand that any false information given may result in my loss of entitlement for any compensation for ACC. I further understand that information obtained during Reference checks will not be made available to me.

SIGNATURE OF APPLICANT: _____ **DATE:** _____

Available to Start: _____

For Office Use Only: APC Sighted: _____

Copy of APC / Qualification Certificates placed on Personnel file: Yes Date: _____

Online Police Check verified: Yes / No Referee Checks completed: Yes / No

Date commenced employment: _____ Designation: _____

Driver's License sighted: _____ Employment Agreement signed - Date: _____

Confidentiality Declaration signed (*date*): _____

COVID-19 – Vaccine Pass Sighted: _____

Maintenance - Pre-employment Audiology test: _____ Exit test result: _____