

APPLICATION FOR EMPLOYMENT

(To be completed personally by applicant)

as at Nov 2023

Date of Ap	oplication:						
	The completi applicant.	he completion of this form does not indicate that there is any obligation on this Company to engage the oplicant.					
PURPOSE:							
information i	s being colled	ted within the	Privacy Act 2020, a	nd as such Obse	ent at Observatory Village rvatory Village Care Ltd is re luest and as the case may	equired to keep	
	Permissio	n granted	Permission not	granted	(Circle one)		
(Please Print))						
POSITION a	pplied for:						
Your Full Na	me						
	Mr	Mrs	Miss	Other			
Surname:							
Given Name	s:						
Are you knov	vn by any oth	er name(s)?	Yes	No)		
Give details	s:						
Contact D	etails:						
Number 8	ε Street: _						
Suburb &	Town: _						
Home Pho	ne No:						
Mobile:							
Email:							
Date of Bi	rth:						
Ethnicity:							



Work Status: (You may be asked for evidence of your right to work, for example, your passport. Please provide your work visa with this application if you have one) Do you have a right to work in New Zealand? Yes No If yes, are you a: New Zealand Citizen? Yes No **New Zealand Permanent Resident?** Yes No Holder of a Resident Visa? Yes No Holder of a Work Visa for this Company? Yes No Holder of an Open Work Visa? Yes No Australian Citizen Yes No New Zealand Driver's Licence Number: Is your New Zealand Driver's Licence Current Yes No Do you agree to provide a copy of this? Yes No **EDUCATION:** Qualifications including tertiary institute grades or trade qualifications. Please provide copies where applicable. **LANGUAGES:** Can you speak any language other than English? No Yes If so, what languages can you speak? **SKILLS:** Please describe the skills you hold which are relevant to the position applied for: **EMPLOYMENT HISTORY: Present or Most Recent Employer:** From: To: Company: Address: Job Held: Main Duties: No. of hours per week:



Reason for Leaving:			
For the purposes of compliance with the F contacting your present employer for the Yes	-		mpany
Next Most Recent Employer:	From:	To	o:
Company:			
Address:			
Job Held:			
Main Duties:			
No. of hours per week:			
Reason for Leaving:			
Do you have secondary employment or si If yes, please five details:	milar experience that is releval	nt to this ap	pilcation?
REFEREES: (Two work related reference someone who has recently been your of		hich must c	ome from
Name:			
Position:			_
Address:			
Phone No:			
Namo			
Name:			
Position:Address:			
Phone No:			
There ite.			
If your application is accepted, when could	d you commence employment	:?	
I consent to the company seeking verbal of	or written information about m	ne from	
Representatives of my previous Employers			
Information sought, to be released.	s and jor Referees and darrien	55 010	
		Yes	No



If yes, please sign:		
Signature:		
Date:		
GENERAL: Have you been convicted of a criminal offence (including driving offences) If yes, please sign:	within the la	st 10 years? No
If yes, please indicate what the charges were for:		
Are you awaiting the hearing of charges in a civil or criminal court of law?	Yes	No
Note: Past convictions covered by the Criminal Records (Clean Slate) Act 2 withheld.	2004 can lawf	ully be
Are you prepared to handle all products, materials or equipment used in th	is facility? Yes	No
What are your interests/hobbies/sports/clubs or community activities?		
MEDICAL:		
Do you smoke?	Yes	No
Do you agree to undergo a medical examination if required?	Yes	No
Are you allergic to, or have any sensitivity to any substances or chemicals E.g. latex, sprays?	Yes	No
Have you ever suffered from a manual handling or back injury requiring time off work? If yes, please detail:	Yes	No
Do you know of any other reason that would prevent you from performing applied for (Mental health, responsibility for others that may affect reliabilit		you have
Would you consent to the release of your ACC history to us, if required?	Yes	No



Do you have any other known condition	ons, which may affect your ability to affect your ability t	.О		
effectively carry out the functions and	responsibilities of the position applied for? Yes	No		
If yes please detail:				
3 3 3	you have suffered that may affect your ability to effect ities of the position applied for or impact on the comp	•		
If yes please detail:				
Person(s) we could contact in an emergence	gency (if you were employed):			
Name:	Contact Number:			
Name:	Contact Number:			
o you consent to Observatory Village Lifecare retaining the information contained in this				
Do you consent to observatory village	Lifecare retaining the information contained in this			

Do you consent to Observatory Village Lifecare retaining the information contained in this application form for the purposes of considering your suitability for any other positions, which may arise with this company in the future?

Yes

No

APPLICANT TO TAKE RESPONSIBILITY

Agreement

I agree and accept that by undertaking certain tasks appointed by Observatory Village Lifecare that it does not constitute a job offer, or the commencement of employment and I hereby accept that this is part of the job interview.

Declaration

I declare:

- 1. That my answers in this application are true and not misleading: and
- 2. That there is no further information that may be relevant that I have not told you about.

I Acknowledge

1. That you employ me you are relying on the truth and completeness of my answers and therefore;



2. That is in the company's opinion I have not answered truthfully and completely, you may terminate my employment immediately and without notice.

I Understand

That false or incomplete answers relating to my medical history could mean that I may compromise my access and receipt of ACC compensation.

Date:	Signed by Applicant:	
Date:	Signed by Applicant:	

Return to: admin@observatoryvillage.nz or deliver to our Reception desk

We will aim to, but don't guarantee, to contact you when we have a role suited to your skill set. Please also refer to Employment websites