

APPLICATION FOR EMPLOYMENT

(To be completed personally by applicant)

Date of Application: _____

Note: The completion of this form does not indicate that there is any obligation on this Company to engage the applicant.

PURPOSE:

This information is collected for assessing your suitability for employment at Observatory Village Lifecare. The information is being collected within the Privacy Act 2020, and as such Observatory Village Care Ltd is required to keep this information secure, provide you with access to that information on request and as the case may be, correct that information.

Permission granted Permission not granted **(Circle one)**
(Please Print)

Position applied for: _____

Your Full Name

Mr **Mrs** **Miss** **Other** _____

Surname: _____

Given Names: _____

Are you known by any other name(s)? Yes No

Give details: _____

COVID-19 Vaccinations (Please advise if you are/ are not vaccinated as this may affect the way we manage an exposure or outbreak situation)	YES	/	NO
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Please note that staff are required to wear a Surgical Grade mask when in the facility, and a K95 if requested by the Clinical Manager / Village Manager

Contact Details:

Number & Street: _____

Suburb & Town: _____

Home Phone No: _____

Mobile: _____

Email: _____

Date of Birth: _____

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?	Yes	No
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 Privacy Act 2020 do you consent to the company contacting your present employer for the purposes of reference checking?

Yes **No**

Next Most Recent Employer:

From:

To:

Company: _____
Address: _____
Job Held: _____
Main Duties: _____
No. of hours per week: _____
Reason for Leaving: _____

Do you have secondary employment or similar experience that is relevant to this application?
If yes, please give details:

REFEREES: *(Two work related references required-at least one of which must come from someone who has recently been your direct manager.)*

Name: _____
Position: _____
Address: _____
Phone No: _____

Name: _____
Position: _____
Address: _____
Phone No: _____

If your application is accepted, when could you commence employment? _____

I consent to the company seeking verbal or written information about me from
Representatives of my previous Employers and /or Referees and authorise the
Information sought, to be released.

Yes

No

If yes, please sign:

Signature: _____

Date: _____

GENERAL:

Have you been convicted of a criminal offence (including driving offences) within the last 10 years?

If yes, please sign:

Yes**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 2004 can lawfully be withheld.

Are you prepared to handle all products, materials or equipment used in this 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? **Yes** **No**
If yes, please detail:

Do you know of any other reason that would prevent you from performing the role that you have
applied for (Mental health, responsibility for others that may affect reliability)?

Would you consent to the release of your ACC history to us, if required? **Yes** **No**

Do you have any other known conditions, which may affect your ability to affect your ability to
effectively carry out the functions and responsibilities of the position applied for? **Yes** **No**

If yes please detail:

Have you ever had any injury or illness you have suffered that may affect your ability to effectively
carry out the functions and responsibilities of the position applied for or impact on the company,
its business or staff? **Yes** **No**

If yes please detail:

Person(s) we could contact in an emergency (if you were employed):

Name:

Contact Number:

Name:

Contact Number:

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:** _____

Return to: VILLAGE MANAGER vm@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