

# APPLICATION FOR EMPLOYMENT

The information collected on this form is used for employment selection. It may also be used for statistical evaluation of the selection process. If selected, this information will be kept on file for the duration of your tenure with the organisation. It may be accessed and corrected by you. If your application is not successful, you may request the return of this form. Otherwise, it will be held on file for 90 days and may be referred to for subsequent position vacancies. This policy aims to be in agreement with the principles of the Privacy Act 1993.

<b>POSITION APPLIED FOR</b>	_____ Reference Number : _____
	Date of Application _____
	Surname: _____
	Given names: _____
	Name known as: _____
	Male / Female <i>(please circle)</i>
<b>EEO Data:</b>	<input type="checkbox"/> NZ Maori <input type="checkbox"/> Pacific Island <input type="checkbox"/> European <input type="checkbox"/> Other <div style="text-align: right;"><i>(please specify below)</i></div> Age Group: _____
	<input type="checkbox"/> 15-24 <input type="checkbox"/> 25-34 <input type="checkbox"/> 35-44 <input type="checkbox"/> 45-54 <input type="checkbox"/> 55-64 <input type="checkbox"/> 65+
<b>CONTACT DETAILS:</b>	Address: _____
	E-mail: _____
	Phone:                      Day: _____                      Night: _____ Mobile: _____
<b>EDUCATION AND QUALIFICATIONS:</b>	Please state your highest Secondary School Qualification
	_____
	_____
	<input type="checkbox"/> Relevant Qualification <i>(institution, qualification &amp; major subjects)</i>
	Institution: _____
	Qualification: _____
	Major subjects: _____
	Institution: _____
	Qualification: _____
	Major subjects: _____
	What other qualifications/certificates have you completed?
_____	
_____	

What training courses, seminars, workshops, etc relevant to your work have you attended?  
*Please state dates and institutions.*

Name of course/seminar	Institution	Date

Please state any other relevant experience you would bring to this position (sign or other languages etc).

What hobbies, interests, sports, clubs or community activities are you involved in that are relevant to the job for which you are applying?


**WORK EXPERIENCE:**

*(Please list 3 – 4 most recent employers)*

Employer	Dates	Position held	Describe major knowledge, skills and attributes used in these positions	May we contact this employer for a reference?
				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Post interview
				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Post interview
				<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Post interview

Have you ever worked for this Organisation before?  Yes  No

If 'yes', please provide details:

Position held:	Dates of employment:

**ADDITIONAL INFORMATION:**

Are you of the minimum legal working age (16, or the minimum age for the job applied for)?  Yes

No

Do you have a spouse, partner, relative, or household member working at IRIS Ltd?

Yes  No

	<p>Are you legally entitled to work in New Zealand?  <input type="checkbox"/>Yes <input type="checkbox"/>No (<i>Evidence of your right to work will be requested if you are selected</i>)</p> <hr/> <p>Do you have a current, clean New Zealand driver's licence?  <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>Is your licence  <input type="checkbox"/>Full <input type="checkbox"/>Provisional <input type="checkbox"/>Learner <input type="checkbox"/>International?</p> <hr/> <p>Do you have a car with current Warrant of Fitness and registration?  <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <hr/> <p>Do you have a current workplace First Aid Certificate?  <input type="checkbox"/>Yes <input type="checkbox"/>No</p>
	<p>Do you have an injury or medical condition caused by gradual process, disease or infection that may affect your ability to carry out the position you applied for or get aggravated by the role?  <i>(e.g. hearing loss, sensitivity to chemicals, or repetitive strain or injuries)</i>  <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>If yes, please explain.</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>
	<p>This organisation provides a smoke free environment for staff, clients and families.</p> <p>Do you smoke?  <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>If yes, is there any assistance we can give you to work within this environment?</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

	<p>Is there any commitment you have at this time that may prevent you from fulfilling the requirements of the job for which you are applying?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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	<p>If 'yes', please provide details:</p> <p>_____</p> <p>_____</p> <p>_____</p>
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	<p>If selected, when could you begin employment?</p> <p>_____</p> <p>_____</p> <p>_____</p>
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	<p>Please provide the name and contact details for at least three referees that can speak about your ability to perform the job for which you have applied. This may include your previous employers listed above. By providing these details, you approve of these referees being contacted.</p>
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REFERENCES:	Address	
Name		Phone/Mobile

	<p>Have you been convicted of any criminal offence?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No (Do not include traffic offences)</p>	
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<b>CRIMINAL OFFENCE:</b>	<p>If yes please give details, including nature of conviction and date.</p> <p>_____</p> <p>_____</p> <p>_____</p>
	<p>IRIS Ltd Policy and Ministry of Health requirements state that any person who has a criminal conviction of a sexual nature, a crime against a person or a crime involving dishonesty or criminal damage (i.e. for any offence contained in Parts V11,V111 or X of the Crimes Act 1961 and its amendments or any re-enactment of those provisions.), may not be employed. If it is discovered on completion of the police check that you have a criminal conviction and you have not declared this, your employment may be terminated.</p> <p>I agree to complete and sign a copy of my police consent form (attached) and return to IRIS Ltd.</p> <p>Signed: _____</p>
<b>POLICE CHECK:</b>	<p>I, _____ (<i>full name</i>), declare to the best of my knowledge the answers given in this application are correct and I understand that, if any false or deliberately misleading information is given, or any material fact suppressed, I may not be employed. If I am employed and this information comes to light, I may be dismissed.</p>
<b>DECLARATION</b>	<p>Signed: _____ Date: _____</p>