

APPLICATION FOR EMPLOYMENT

CONFIDENTIAL (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 the purpose of assessing your suitability for employment at Heritage Lifecare Limited. The information is being collected within the Privacy Act 1993, and as such Heritage Lifecare Limited is required to keep this information secure, provide you with access to that information on request and as required correct that information.

Permission to retain information granted [] Permission not granted [] (tick one)

(Please Print)

Position applied for: _____

Your Name (in block letters):

Mr [] Mrs [] Miss [] Other [] _____

Surname: _____

Given Names: _____

(Underline name used)

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

Give details: _____

Your Home Address & Telephone Numbers:

Number & Street: _____

Suburb & Town: _____

Home Phone No: _____

Work Phone No: _____

Mobile: _____

Date of Birth: _____

Status: (You may be asked for evidence of your right to work, for example, your passport)

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 Work Permit for this Company? Yes [] No []

Holder of an Open Work Permit? Yes [] No []

Australian Citizen Yes [] No []

New Zealand Driver's Licence Number _____

EDUCATION (including University, further education etc where applicable):

Qualifications

LANGUAGES:

Can you speak any language other than English?

Yes No

Details:

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 Worked per week:

Other relevant comments:

For the purposes of compliance with the Privacy Act 1993 do you consent to the company contacting your present employer for the purposes of reference checking?

Yes No

Do you have secondary employment?

Yes No

If yes, please give details:

GENERAL:

Have you been convicted of a criminal offence within the last 10 years?

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 Record (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 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: _____

State any serious injury or illness you have suffered that may affect your ability to effectively carry out the functions and responsibilities of the position applied for:

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

If yes, please detail: _____

Do you have any known condition, which might put other staff at risk? Yes No

If yes, please detail: _____

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

Name: _____

Contact Number: _____

Name: _____

Contact Number: _____

DECLARATION

I (Full name) _____ declare that to the best of my

knowledge the answers in this application are correct and I understand if any false or deliberately misleading information is given, or any material fact suppressed, I will not be accepted, or if I am employed, and my application form is proven to be falsified, my employment will be terminated.

Signed: _____

Date: _____