



**APPLICATION FORM FOR EMPLOYMENT**

VACANCY DETAILS	POSITION APPLIED FOR:	
PERSONAL DATA	FULL NAME:	
	ADDRESS:	
	HOME PHONE No:	MOBILE No:
	EMAIL ADDRESS:	
	Are you known by any other name? <input type="radio"/> No <input type="radio"/> Yes	
	NAME KNOWN BY:	
WORK/LEGAL STATUS	ETHNICITY:	
	IWI:	
	<i>(You will be required to produce proof of eligibility)</i> Are you a New Zealand citizen? <input type="radio"/> No <input type="radio"/> Yes	
	OR are you a permanent resident of New Zealand? <input type="radio"/> No <input type="radio"/> Yes	
OR do you have a valid work permit? <input type="radio"/> No <input type="radio"/> Yes		
EMPLOYMENT HISTORY	Current or latest Employer	
	Position held	
	From	to
	Reason for leaving	
	Current or latest Employer	
	Position held	
	From	to
	Reason for leaving	
	Current or latest Employer	
	Position held	
	From	to
	Reason for leaving	
	TARARUA HEALTH GROUP INTERNAL APPLICANTS: Please note that your Manager will be contacted during the short listing process to provide a reference.	
POLICE CHECK	<i>Please note that under the <b>Criminal Records (Clean Slate) Act 2004</b>, you may only legally conceal / withhold criminal offences providing all of the following are met: 1) no convictions within the last 7 years; 2) never been ordered by a Court during a criminal case to be detained in a hospital due to your mental condition, instead of being sentenced; 3) never been sentenced to a custodial sentence (e.g. imprisonment, corrective training, borstal); Not been convicted of a "specified offence" (e.g. sexual offending against children and young people or the mentally impaired) (see interpretation section for a full list); 4) paid in full any fine, reparation or costs ordered by the Court in a criminal case; 5) never been indefinitely disqualified from driving under section 65 Land Transport Act 1998 or earlier equivalent provision.</i>	
	Have you ever been convicted in a court in New Zealand or any other country? <input type="radio"/> No <input type="radio"/> Yes*	
	Have you ever been imprisoned in New Zealand or any other country? <input type="radio"/> No <input type="radio"/> Yes*	
	Are there any charges against you yet to be heard or criminal charges pending? <input type="radio"/> No <input type="radio"/> Yes*	

	Have you ever been dismissed for dishonesty, or been the subject of an investigation that resulted in your resignation? <input type="radio"/> No <input type="radio"/> Yes*	
	* If <b>YES</b> to any of the above questions, please provide specific details of the nature of the convictions or allegations:	
<b>VULNERABLE CHILDRENS ACT</b>	<p><i>In line with the Vulnerable Children's Act 2014, any offer we make will be conditional on the successful completion of a Safety Check which includes a Police Vetting Check. Should you be successful and have commenced your new role prior to use receiving the results of your check, and we have concerns regarding any matter identified in the Police Check, we will ask to meet with you and to discuss these concerns. If we are unable to resolve any of these concerns your continued employment at Tararua Health Group could be at risk.</i></p> <p>Is there any reason, including past events, as to why you would pose any risk whatsoever to children if you were appointed to this position? <input type="radio"/> No <input type="radio"/> Yes If yes please give details:</p>	
<b>DRIVING</b>	Do you hold a current drivers licence? <input type="radio"/> No <input type="radio"/> Yes	
	License No:  If yes please select:      FULL                      RESTRICTED                      LEARNERS	
<b>HEALTH</b>	<p>The following information is required to assist Tararua Health Group to assess your ability to do the job and meet its obligations under the <b>Health and Safety at Work Act 2015</b> and <b>Injury Prevention, Rehabilitation and Compensation Act</b></p> <p>Have you ever suffered from Repetitive Strain Injury (RSI) or Occupational Overuse Syndrome (OOS)? <input type="radio"/> No <input type="radio"/> Yes*</p> <p>Do you have any general condition (mental or otherwise), disease or health issues that could impact on your ability to carry out the type of work you are applying for? <input type="radio"/> No <input type="radio"/> Yes*</p> <p>* If yes to either of the above questions please provide specific details:</p>	
	Please indicate the days and hours that you would be available to work:	
	If your application is successful when would you be able to commence employment?	
<b>REFEREES</b> <i>Please provide details of two people who we can contact for a reference</i>	Name of referee	
	Their current position	
	Organisation	
	Contact Phone	
	Email	
	Your relationship to this referee (i.e. your former manager).	
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	Contact Phone	
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<p><b>FURTHER INFORMATION</b></p>	<p><i>It is important for Tararua Health Group to identify whether employees have any actual or perceived conflicts of interest or personal circumstances that may affect their ability to carry out this role. We understand and respect an applicant's right to privacy and the information provided will only be used for determining whether an applicant is well placed to successfully perform in the role</i></p> <p>Do you have any conflict of interest, personal relationship or other personal circumstances that has potential or actual ability to impact your working at THG in this role?</p> <p><input type="radio"/> No   <input type="radio"/> Yes   If yes, please give details:</p>
<p><b>DECLARATION</b> <i>Please read this section carefully and sign as required</i></p>	<p>I _____ understand that the information I have supplied on this application form is to assess my suitability for employment with The Tararua Health Group Ltd.</p> <p>I hereby authorise The Tararua Health Group Ltd to contact the aforementioned referees to obtain information about me in the form of personal and employment related references.</p> <p>I acknowledge that I have read, understood and agree to the above conditions.</p> <p>I declare to the best of my knowledge, the answers to the questions in this application are correct.</p> <p>I declare that to the best of my knowledge the statements made in this application are true.</p> <p>I understand that if any false information is given, or any material fact suppressed, I may not be accepted for employment, or if I am employed, I may be dismissed. I also understand that the information given in the Health Section of this form maybe requested by ACC.</p> <p>SIGNATURE: _____ DATE: _____</p>

Thank you for applying to The Tararua Health Group Ltd. We look forward to assessing your application.

**So what happens next?** It takes time to select the best talent and attitude – all up about 2 to 3 weeks. We think you'll find our selection process enjoyable, and we'll keep in touch with you every step of the way.