

**Application for Employment**

|  |  |
| --- | --- |
| Position |  |

**Collecting and holding personal information:** This information is collected for the purpose of assessing your suitability for employment with the Wellington Sexual Abuse HELP Foundation. If your application is successful this form will be retained on your personal file.

Personal Information

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Title** |  | | | |
| **Full Name** |  | | | |
| **Address** |  | Home Telephone |  | |
| **Alternative Telephone** |  | |
| **Email** |  | |
| **Do you have permanent New Zealand residency or a valid work permit?** | | | Yes | No |
| **What is your preferred method of contact?** | | | Email | Post |

Referees

In making this application, I consent to the Wellington Sexual Abuse HELP Foundation seeking verbal or written information about my suitability for the position from any of the referees I have nominated below. The referees must include at least two recent employment-related referees.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name** | |  |  | **Name** |  |
| **Address** | |  |  | **Address** |  |
| **Telephone** | |  |  | **Telephone** |  |
| **Fax** | |  |  | **Fax** |  |
| **Email** | |  |  | **Email** |  |
| **Position** | |  |  | **Position** |  |
| **Current Employer** (If not currently employed, your most recent Employer) | | | | | |
| **Name** |  | |  | **Telephone** |  |
| **Address** |  | |  | **Fax** |  |
|  | **Email** |  |
|  | **Position** |  |

Health

The following information is required to assist the Wellington Sexual Abuse HELP Foundation in meeting its obligations under the Health and Safety in Employment Act and the Injury Prevention Rehabilitation and Compensation Act, and to assess your ability to do the job.

|  |  |  |
| --- | --- | --- |
| Have you had an injury or medical condition caused by gradual process, disease or infection – for example, hearing loss, sensitivity to chemicals, repetitive strain injury – which the tasks of this job may aggravate or contribute to? | Yes | No |
| If yes, give details: | | |
| Have you any condition, which may affect your ability to carry out effectively and safely the functions and responsibilities of this position? | Yes | No |
| If yes, give details: | | |
| ***Note:*** *In some situations, further specific medical information relating to the requirements of the job will be needed. Therefore, before being offered employment, you may be required to undertake a pre-employment medical examination and/or authorise the release of relevant ACC claims history relating to yourself. In this case, a satisfactory report will be a condition of employment.* | | |

Additional Information

|  |  |  |
| --- | --- | --- |
| Have you been convicted of any offence against the law other than minor traffic offences? | Yes | No |
| If yes, give details: | | |
| Do you have any criminal charges pending? | Yes | No |
| If yes, give details: | | |
| Employees will be required to undertake police vetting of any previous convictions.  A condition of employment will be a satisfactory police report. |  | |
| If your application is accepted, when could you commence employment? |  | |

Declaration

|  |  |  |  |
| --- | --- | --- | --- |
| I declare that to the best of my knowledge, the answers to the questions in this application are correct. I understand that if any false information is given, or any material fact suppressed, I may not be employed, or if I am employed, I may be dismissed. | | | |
| **Name:** | | | |
| **Signature:** |  | **Date:** |  |