

KERIKERI RETIREMENT VILLAGE ♦ P.O. Box 456, Kerikeri CONFIDENTIAL

APPLICATION FOR EMPLOYMENT

We invite you to provide information for the purpose of assessing your application and suitability for employment. The information in this application is requested in accordance with the Privacy Act 1993. If successful, such information shall form part of the Organisation's personnel records. You are entitled to access this information upon request to the Manager. Information relating to unsuccessful applicants may be kept up to three months and then will be destroyed.

The completion of this form does not indicate that there is any obligation by Kerikeri Village Trust to engage you as an employee.

To Be Completed Personally By Applicant (please print clearly)

Date of Application: / /
Position applied for:
Surname: Mr / Mrs / Miss / Ms (circle)
Given Name/s
Preferred name: Date Of Birth: / /
Postal Address:
Street Address:
Telephone Numbers: Home: Work:
Mobile: Email:
Where did you hear about the vacancy: (e.g. other employees/working as a casual)
.....
If newspaper, please circle: Chronicle / Northern News / Advocate / Herald / Whg Report

Identification: Passport Number: **or**
 Birth certificate **and** Photo ID **or**
 NZ citizenship certificate **and** a Photo ID
Identification sighted and copies taken by:

(for office use only)

Position:
Applicant's form referred to:
.....
Applicant accepted/declined for the position applied for:
Comments:
Signed: Date: / /

EDUCATION:

Name of Secondary School(s) attended:
.....
.....

QUALIFICATIONS:

Specify the highest level of education achieved

.....
.....

Please describe the skills you hold which are relevant to the position applied for:

.....
.....
.....

EMPLOYMENT HISTORY:

If available please attach a CV instead of completing the employment history part of this form:

Present or Most Recent Employer:

Company:
Job Held:
From: To: Hours per week:
Main Duties:

Reason for leaving:
.....

Do you consent to Kerikeri Retirement Village contacting your present employer for the purposes of reference checking? **YES / NO**

Next Most Recent Employer:

Company:
Job Held:
From: To: Hours per week:
Main Duties:

Reason for leaving:
.....

Next Most Recent Employer:

Company:
Job Held:
From: To: Hours per week:
Main Duties:

Reason for leaving:
.....

APPLICATION OF SKILLS / WORK EXPERIENCE:

Please summarise your work experience, skills, and competencies that make you suitable for the role. You may like to include any interests/hobbies/sports/clubs or community activities you take part in.

REFEREES:

Please provide given names, addresses and telephone / mobile / fax numbers of three Referees (preferably from previous employers):

Referees should not be related to you by birth or marriage.

Referees should be notified that they might be contacted.

Company / Organisation:

Name Of Referee: Position:

Address:

Phone: Mobile:

Company / Organisation:

Name Of Referee: Position:

Address:

Phone: Mobile:

Company / Organisation:

Name Of Referee: Position:

Address:

Phone: Mobile:

I consent to Kerikeri Retirement Village seeking verbal or written information on a confidential basis about me from representatives of my previous employers and/or referees and authorise the information sought to be released by them to Kerikeri Retirement Village for the purposes of ascertaining my suitability for the position for which I am applying. I understand that the information received by Kerikeri Retirement Village is supplied in confidence as evaluative material and will not be disclosed to me.

I am aware that should I make the shortlist for a role I will be required to disclose any past criminal convictions and will be vetted by the New Zealand Police.

Signature: Date: / /

HEALTH

1. How many days absence from work due to sickness have you had during the past two years: Days
2. Have you ever been a patient in hospital? **YES / NO**
- | Date | Days | Hospital | Complaint / Nature of Operation |
|-------|-------|----------|---------------------------------|
| | | | |
| | | | |
| | | | |
3. Have you ever had: broken bones, concussion, head injury, sprain, or strain. **YES / NO**
Details with Dates:
.....
4. Have you ever had, or do you suffer from any of the following, If so give details:
- a. Asthma, TB, bronchitis, pleurisy, or any other lung disease: **YES / NO**
.....
- b. High blood pressure, rheumatic fever or any heart complaint: **YES / NO**
.....
- c. Gastric or duodenal ulcer or any liver or gall bladder disease: **YES / NO**
.....
- d. Epilepsy, fainting attacks, fits or blackouts: **YES / NO**
.....
- e. Diabetes or kidney disease: **YES / NO**
.....
- f. Any trouble with your back, feet or legs: **YES / NO**
.....
- g. Any skin infection or other abnormal skin condition: **YES / NO**
.....
- h. Any psychiatric disorder: **YES / NO**
.....
- i. Any other disability or illness: **YES / NO**
.....
5. Are you taking any drugs or undergoing any form of medical treatment? **YES / NO**
.....

6. Have you ever been unable to hold a job for medical reasons: **YES / NO**

.....

7. Have you ever been rejected for health reasons, for any employment, life insurance, or for military service: **YES / NO**

.....

8. Immunisation – Have you had or ever been immunized against any of the following:

Disease	Date had the Disease or Date last immunised	Never Immunised	Not Sure
Diphtheria			
Tetanus			
Tb (B.C.G.)			
Polio			
Measles (English)			
German Measles (Rubella)			
Mumps			
Hepatitis B (Hep B)			
Meningitis (Men B)			
Other			

9. Have you been tested for antibodies:

	Date	Negative	Positive	Never Tested	Not Sure
Against Rubella					
Against Mumps					
Against Hepatitis A & B					

10. Do you have any medical conditions or injuries that would affect your ability to perform this job effectively and in a safe manner to yourself and others? **YES / NO**
If yes, please specify:

.....

and did you claim ACC for this medical condition: **YES / NO**

11. Have you ever suffered, or are you currently suffering, any 'gradual process' type conditions that would affect your ability to perform this job effectively, i.e. Occupational Overuse Syndrome (RSI) , industrial deafness etc **YES / NO**
If yes, please specify:

.....

and did you claim ACC for this medical condition: **YES / NO**

12. Do you consent to a medical examination (if required) on appointment: **YES / NO**

13. Do you consent to participate in an immunization programme (if required) on appointment: **YES / NO**

GENERAL:

Have you worked for Kerikeri Retirement Village before: **YES / NO**

Are you legally entitled to work in New Zealand: **YES / NO**

As a New Zealand Citizen **YES / NO**

As a permanent Resident **YES / NO**

As a holder of a current work permit **YES / NO**

Do you hold a current practicing certificate (if applicable) **YES / NO**
(attach a copy for verification)

Can you speak any languages other than English:

If your application is accepted when could you commence employment:
.....

Do you have secondary employment?

Which are your preferred days / hours of work: