

**APPLICATION FOR EMPLOYMENT FORM**

|  |
| --- |
| This is an application form for employment with The Pā Incorporated t/a Te Pā and is to be personally completed by the applicant.The information that you supply on this application form will be used to assess your suitability for the position for which you are applying and will be held securely by Te Pā. No information that you have provided will be disclosed without your authorisation except as required by law. Failure to supply the information requested by Te Pā on the application form will prejudice your suitability for the position. Failure to complete all questions truthfully will render this application invalid and will be grounds for instant dismissal, should you have been successful in your application.The application form will form part of the Personnel record held by Te Pā for the successful candidates. All information provided by unsuccessful candidates will be destroyed immediately.Successful applicants have the right to access your personal information held by Te Pā by contacting: Chief Executive OfficerTe PāPO Box 108-104, Symonds Street, AucklandDECLARATIONI have read, understand and agree to the above.Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Note: \*fields are mandatory

|  |
| --- |
| 1. POSITION APPLIED FOR:
 |
| Job title\*: |  |
| Please attach: | * CV
* Covering letter
* Signed ‘Authorisation to Disclose Information’ Form
 |
| 2. PERSONAL INFORMATION: |
| Family Name\*: |  |
| Given Name(s)\*: |  |
| Preferred Name: |  |
| Contact Address\*: |  |
| Preferred Phone\*:(Please include area code) | ( ) Alternative Phone: ( ) |
| E-mail: |  |
| DOB |  |
| Iwi |  | Hapu |  |

|  |
| --- |
| 3. CITIZENSHIP AND RIGHT TO WORK\* |
| Please note: you will be required to produce the original documents if you are shortlisted for an interview. |
| (a) Are you a New Zealand Citizen? | * Yes

(Go to section 4) | * No

(Go to question 3b) |
| (b) Do you have Permanent Residency? | * Yes

(Go to section 4) | * No

(Go to question 3c) |
| (c) Do you have a current work permit? | * Yes

(Go to question 3d) | * No

(You are not eligible to be employed by Te Pā) |
| (d) Are there any restrictions on the type of work you can do? | * Yes

(You may not be eligible to be employed by Te Pā) | * No
 |
| (e) Copy of work permit attached?If you are unable to do so, you will need to bring this to the interview stage. | * Yes
 | * No
 |
| 4. MEDICAL OR INJURY DETAILS\* |
| Please provide full details of: |
| (a) Any past or present medical conditions e.g. asthma, heart conditions, blood pressure, stress, etc.: |
|  |
| (b) Your work and/or non-work-related accident/injury history (e.g. hearing loss, occupational overuse or mental or physical injury). Please include full details of the injury and treatment received: |
|  |
| (c) Could a previous or pre-existing injury or illness be aggravated by the requirements of this position or prevent you carrying out its responsibilities?  |
| If yes:1. What are the full details of all your injuries/medical condition?
2. How is your performance likely to be affected?
 |
| Please note that declaration of a medical condition will not rule you out of consideration, but you may be required to provide a medical clearance and/or to authorise ACC to release your injury history record. |

|  |
| --- |
| 5. INFORMATION FOR DISCLOSURE OF CRIMINAL CONVICTIONS\* |
| Please enclose a signed copy of the relevant disclosure form:* REC11 – Authorisation to Disclose Information Form – Caregiver.
* REC12 – Authorisation to Disclose Information Form – Non-Caregiver.
* REC13 – Application Declaration for working with Children under the age of 16 yrs.

Refer to REC4a Application Fact Sheet for more information. |
| You must declare any convictions if you have:* Been convicted of an offence within the last seven years
* Been sentenced to a custodial sentence (e.g. imprisonment, corrective training, borstal)
* Been ordered by a court during a criminal case to be detained in a hospital due to your mental condition, instead of being sentenced
* Been convicted of a “specified offence” (e.g. sexual offending against children and young people or the mentally impaired)
* Not paid in full any fine, reparation or costs ordered by the court in a criminal case
* Been indefinitely disqualified from driving under section 65 of the Land Transport Act 1988, or an earlier equivalent provision.
 |
| Please answer the following based on the above criteria: |
| * Yes

At least one of the criteria applies and I will disclose my criminal convictions below. | * No

None of the above criteria applies to me, or I have no convictions. |
| Please note if you are applying for a role as a caregiver (e.g. Support Worker) or a position where you will be working with children or young people under the age of 16 years, the Criminal Records (Clean Slate) Act 2004 does not apply and you must consent to a full disclosure of any convictions.Note: non-declaration of an offence that you are required to disclose will be treated as misrepresentation of a criminal record and legal action may be taken. |
| Offence | Year Committed | Details of fine/supervision/imprisonment |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| Are you awaiting the hearing of charges in any Civil or Criminal Court of law? | * Yes
 | * No
 |

|  |
| --- |
| If yes, please provide details and the status of the proceedings: |
|  |

|  |
| --- |
| 6. WORKING WITH YOUNG PEOPLE |
| This section is only to be completed if you are applying to work with a child or young person under the age of 16 years |

|  |  |  |
| --- | --- | --- |
| Have you ever been involved with, or known to Child, Youth and Family Services (CYFS)? | * Yes
 | * No
 |
| If yes, please provide information as to what your involvement was/is: |
| Do you agree to allow Te Pā to contact CYFS to confirm this declaration? | * Yes
 | * No
 |
| 7. DRIVER LICENCE |
| If you are applying for a role as a navigator it is a requirement to hold a current full driver licence. |
| Do you hold a current full Driver Licence? | * Yes
 | * No
 |
| Driver Licence expiry date: |  |  |
| Driver Licence number: |  |  |
| Do you have any endorsements on your licence? | * Yes
 | * No
 |
| If yes, what are they? |  |  |
| Number of demerit points if any? |  |  |
| Special conditions: |  |
| Do you have any charges pending that may affect your licence? | * Yes
 | * No
 |
| If yes, please give details: |  |
| 8. CONFLICT OF INTEREST\* |
| To ensure that the organisation can operate in an impartial manner, it is necessary for individuals to:* Declare whether they have any potential conflicts of interest;
* Confirm that they will not misuse any knowledge of information they obtain while employed by Te Pā Inc.

Situations that may lead to a conflict of interest include:* Secondary employment with other organisations;
* Involvement in other businesses that work in opposition, or provide services to the organisation;
* Beneficial interests in a Trust;
* Family or close personal relationships with staff and/or clients.
 |
| On these grounds, do you have any potential conflicts of interest? | * Yes
 | * No
 |

|  |
| --- |
| If yes, please state the nature of these conflicts: |
| Have you ever worked for this or an associated organisation before? | * Yes
 | * No
 |
| If yes, please give details: |
| Do you know anyone working for Te Pā or elsewhere in the industry? | * Yes
 | * No
 |
| If yes, please give details: |
| 9. EDUCATION\* |
| Name of Secondary School(s) attended: |  |
| Qualifications gained: |  |
| Name of Tertiary Institution(s) attended: |  |
|  |  |
| Qualifications gained: |  |
|  |  |
| Trade Qualifications gained: |  |
| Do you have any other qualifications, certificates, or have you attended any courses related to the position? Please give details: |
| 10. EMPLOYMENT HISTORY AND REFEREES\* |

Please list your most recent employer first

Current Employer

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Employer name: |   | From |  | To |  |
| Phone numbers: |  |
| Position(s) held: |  |
| Reason for Leaving: |  |
| I agree / I do not agree to this employer being contacted for reference checking purposes at the point a conditional offer of employment is made and accordingly authorise the disclosure of such information as may be requested. |

Previous Employer(s)

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Employer name: |  | From |  | To |  |
| Phone numbers: |  |
| Position(s) held: |  |
| Reason for Leaving: |  |
| I agree / I do not agree to this employer being contacted for reference checking purposes at the point a conditional offer of employment is made and accordingly authorise the disclosure of such information as may be requested. |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Employer name: |  | From |  | To |  |
| Phone numbers: |  |
| Position(s) held: |  |
| Reason for Leaving: |  |
| I agree / I do not agree to this employer being contacted for reference checking purposes at the point a conditional offer of employment is made and accordingly authorise the disclosure of such information as may be requested. |

**Referees**

|  |
| --- |
| Please list **two** referees whom we may contact for a verbal reference**PLEASE NOTE:** Your first referee must be your **last employer and who you directly reported to** |
|  |
| Name: |  | Organisation: |  | Phone: |  |
|  |
| Name: |  | Organisation: |  | Phone: |  |
|  |
| I hereby authorise the above referees and employers to provide written and verbal information about me in the form of personal and employment related references. |

|  |  |  |  |
| --- | --- | --- | --- |
| Signed: |  | Date: |  |

|  |  |
| --- | --- |
| Do you have any ongoing employment disputes? | 🞏 Yes 🞏 No |
| If yes, please provide details and the status of the proceedings |
| Have you ever been banned or trespassed from any Correctional Facilities or Government Agencies within NZ? | 🞏 Yes 🞏 No |
| If yes, please provide details. |
| 11. ANNUAL PRACTICING CERTIFICATE |
| If you are a registered practitioner or professional, please answer the following questions: |
| Do you have a current practicing certificate? | * Yes
 | * No
 |

|  |  |  |
| --- | --- | --- |
| Do you have any current disciplinary, complaint or competency proceedings with any investigative regulatory body? | * Yes
 | * No
 |
| If yes, please give the details of the status of any investigations and/or the outcome of the proceedings and any restrictions on your practice? |

|  |
| --- |
| 12. MANDATORY TRAINING\* |
| **You will be required as part of your induction into the organisation to undertake relevant training for the role. This may include on-the-job training and/or attendance at appropriate courses. These will be discussed in detail if you are successful in your application.** |
| Do you agree to attend training and, if applicable, gain relevant national qualifications? | * Yes
 | * No
 |
| 13. AVAILABILITY\* |
| **At Te Pā, we require employees to perform alternative duties as and when required. Such changes in duties may be on either a temporary or permanent basis.** |
| Would you be agreeable to this? | * Yes
 | * No
 |
| Would you be available to work extra hours as and when required? | * Yes
 | * No
 |
| **This question is applicable to service delivery roles only – not to office-based positions.**  |
| What kind of employment are you seeking? | * Full time 🞏 Part time 🞏 Casual
 |
| Are you able to work on a rotating roster over a 7-day week, including nightshifts? | * Yes
 | * No
 |
| Are you restricted to working limited hours? | * Yes
 | * No
 |
| If yes, please explain your restrictions: |
| 14. GENERAL |
| Can you hold an everyday conversation in any language other than English? If so, which language(s)? | * Yes
 | * No
 |
| Do you have any commitments or interests that may interrupt your regular attendance to work? | * Yes
 | * No
 |
| If yes, please give details: |
| Do you have any secondary work or other commitments that you would wish to continue after starting work with Te Pā? | * Yes
 | * No
 |
| If yes, please give details: |
| If successful, what would be your notice period to your current employer? |  |
| What are your salary expectations? |  |
| 15. AUTHORITY AND DECLARATION\* |
| In assessing my suitability for employment, I hereby authorise:* My referees to disclose personal information about me to the organisation
* The organisation to collect this information, and to disclose it as necessary.

I have read the above Privacy Act statement, and I am aware of my rights under the Privacy Act 1993.I undertake that all information provided by me in this application and my resume (cv) attached is correct, complete and not misleading. I understand and agree that providing incorrect, misleading or incomplete information may result in my being disqualified from this application process or dismissed if I have successfully obtained employment. |
| Signed: |  |
| Name (print): |  |
| Date: |  |

|  |
| --- |
| 16. EQUAL EMPLOYMENT OPPORTUNITY STATISTICS |
| The organisation is committed to be an equal opportunities employer and wishes to monitor the effectiveness of our recruitment practices. This information is voluntary and is gathered for statistical purposes only. It will not form part of your application. |
| Gender: | * Male
 | * Female
 |
| Ethnicity: |
| * New Zealand Māori
* Pacific People
 | * New Zealand European
* Other European
 | * Asian
* Other ethnic origin
 |
| Disability: |
| Do you consider yourself to have a long-term condition or health problem that has lasted, or is expected to last, for six months or more? | * Yes
 | * No
 |
| How did you hear about this vacancy? |
| * Newspaper
* Website
 | * Word of mouth
* Recruitment Agency
 | * Other
 |
| If you checked Newspaper, Website or other, please specify: |