



**APPLICATION FOR EMPLOYMENT**  
Confidential

Position applied for :

**Personal Information**

Full Name:

Address:

Postcode:

Hm Phone:

Wk Phone:

Mobile:

E-mail:

**Health Status:**

Do you have or have you had an injury, disability or illness which could be further aggravated by any tasks you may be expected to perform? (Please note: this information is required to assist us in meeting our obligations to provide a safe workplace for staff. Declarations of disability or medical condition will not affect your employment opportunity).

Yes  No

If yes, please describe any technical aids, equipment or adaptations to the workplace that you need in order to safely carry out the full tasks for the position you are applying for:

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**Personal Details:**

To be legally able to work in New Zealand you should be a New Zealand citizen, have a permanent residency status or have a current work visa/permit.

Are you a New Zealand citizen? Yes  No

A permanent resident of New Zealand? Yes  No

Or do you have a current work permit? Yes  No   
*(please attach a copy of your work permit and/or residents permit if applicable)*

Do you have a current drivers licence? Yes  No

Do you have secondary employment? Yes  No

Please specify:

Have you ever been convicted of a criminal offence not covered by the Clean Slate Act 2004, or have you any pending criminal convictions? Yes  No

Please specify:

**Authority to Practice (for clinical positions only):**

Do you have a current practicing certificate? Yes  No

What is your registration number?

Is your scope of practice/registration consistent with the position you have applied for?  
Yes  No

Are there any restrictions/conditions on your scope of practice?

Are you currently working under supervision or constraints?

Yes  No

Have you worked in the past under suspension or constraints?

Yes  No

If yes, please provide details:

*Note: Please attach a copy of the appropriate certificate/registration to this form*

**Employment History:**

You are welcome to enclose a current CV with your application. Information already included in your CV does not need to be duplicated on this form. Please do not include original documentation with your application.

Please give information below relating to your current and most recent employment experiences (up to 10 years), beginning with the most recent

Company & Address	Position	Key tasks	Employment period	Reason for leaving

**For nursing staff only:**

How many years of clinical experience have you had since graduation?

Years  Months

Do you have preferred working hours or shifts? Yes  No

If so, please detail your preferences

**Relevant qualifications:**

Educational facility	Qualification	Dates attended

Do you speak/write any language other than English which could help you in your job?

Yes  No

If yes, please specify

**Your referees:**

Please provide the names and details of *at least* two referees:

	Referee 1	Referee 2	Referee 3
Name			
Position			
Company			
Contact Address			
Contact phone			
Contact email			

May we contact your present employer? Yes  No

May we contact your past employer(s) Yes  No

May we contact other people? Yes  No

**Authorisation and declaration:**

I,

consent to Mary Potter Hospice seeking verbal or written information from the referees listed above.

I authorise the information sought by Mary Potter Hospice to be used for the purpose of ascertaining my suitability for the position I am applying for.

I understand that the information received by Mary Potter Hospice is supplied in confidence from my referees and that it is evaluative material that will not be disclosed to me.

I declare that the statements made in this application and in any supporting evidence supplied by me are true and complete to the best of my belief.

I understand that if I have given incorrect or misleading information or have omitted any pertinent information, I may be disqualified from appointment or if appointed, I am liable to be dismissed.

By submitting my application or signing below. I understand and agree to the conditions of this declaration.

Signed  Date

Where did you hear about this vacancy?	
<input type="checkbox"/>	seek.co.nz
<input type="checkbox"/>	trademe.co.nz
<input type="checkbox"/>	marypotter.org.nz
<input type="checkbox"/>	Other website: <i>please specify</i>
<input type="checkbox"/>	Newspaper: <i>please specify</i>
<input type="checkbox"/>	Word of Mouth: <i>please specify</i>
<input type="checkbox"/>	Other source: <i>please specify</i>