

Employment Application Form



Please complete and forward to Expressions Whirinaki Arts and Entertainment Centre, PO Box 40594, Upper Hutt together with your CV and a covering letter in support of your application.

CONFIDENTIALITY AND PRIVACY

This information is collected for the purpose of assessing your suitability for employment with Expressions Whirinaki Arts and Entertainment Centre. If your application is successful this form will be retained on your personal file. If unsuccessful, your application will be retained for 3 months only (for Privacy Act purposes). Please provide a stamped, self addressed envelope if you would like your CV returned. We will, however, retain a record of your name and address for statistical purposes and possible future contact.

| | |
|--|---------------------------------------|
| Position applied for | LEARNING PROGRAMMES SPECIALIST |
| How did you learn of this position? | |

| PERSONAL DETAILS | Title | | |
|---|--------------|----------------------|--|
| Surname | | First name(s) | |
| Address | | Home phone | |
| | | Work phone | |
| | | Mobile phone | |
| Can we contact you at work (circle choice)? | yes / no | | |
| Email | | | |
| Other name(s) by which you have been/or are known by | | | |

EDUCATIONAL / PROFESSIONAL / TRADE QUALIFICATIONS AND/OR ASSOCIATIONS

Please list most recent first

| Qualification/membership | Date obtained/current | Institution/association |
|---------------------------------|------------------------------|--------------------------------|
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REFEREES

Please provide the names of two persons, preferably recent employers, from whom we may request confidential references. Please indicate (circle choice) if you are willing for us to contact your referees: YES / NO

| | | | |
|-----------------|--|-----------------|--|
| Name | | Name | |
| Address | | Address | |
| Phone | | Phone | |
| Fax | | Fax | |
| Email | | Email | |
| Position | | Position | |

HEALTH AND SAFETY REQUIREMENTS

In accordance with our requirements under the Injury Prevention Rehabilitation and Compensation Act 2001, and the Health and Safety in Employment Act 1991, we ask that you inform us of any current condition/s, past medical history, or claims to ACC which may affect your ability to effectively carry out the duties of the position you have applied for.

Declaration of a medical condition does not exclude employment opportunities within Expressions. Please circle your choices below.

| | |
|---|----------|
| Do you currently have, or have you ever had a medical or health related condition caused by gradual process (i.e. injury caused by overuse or repetitive activity), injury, illness or disability that could affect your ability to carry out the duties and responsibilities of the position applied for; or which could be aggravated or contributed to by the duties and responsibilities of the position applied for? | yes / no |
| If YES please specify the health problems/disabilities | |
| Have you ever lodged a claim for an occupational or work related injury or condition? | yes / no |
| If YES, please provide details including the condition/s for which claim/s were lodged and date of lodgement | |
| If you have indicated a medical or health related condition that could affect your ability to carry out your job, please indicate whether you would be prepared to undergo a medical examination by a doctor nominated by Expressions (at its expense) to determine your ability to perform your job prior to us making a decision about your application? | yes / no |
| If you are currently suffering, or have suffered in the past from injury or illness, are there any special services or facilities which we could provide to enable you to carry out the work duties safely? | yes / no |
| If YES, please specify | |

CRIMINAL CONVICTIONS

| | |
|--|----------|
| Have you ever been charged with, or convicted of a criminal offence or have any charges pending (excluding minor traffic offences)? | yes / no |
| *Please be aware that you are not obliged to declare certain offences which occurred more than 7 years ago under the Criminal Records Clean Slate Act 2004. If you have any doubts, please seek legal advice before completing this question. | |

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| If YES, please provide details | |
|--------------------------------|--|

CREDIT AND CRIMINAL CHECKS

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|---|----------|
| Some roles require completion of a criminal and/or credit check due to the responsibilities associated with the role. A separate form will need to be completed in such an instance. If required, do you agree to a criminal and/or credit check. | yes / no |
|---|----------|

DRIVERS LICENCE

| | | | |
|---|----------|------------------|--|
| Current drivers licence | yes / no | Class of licence | |
| Please supply details of any endorsements, conditions and expiry dates listed on your drivers licence (see section 4b, 7, 8 and 9 on your licence): | | | |

RIGHT TO WORK
To legally work in New Zealand you need to be a New Zealand citizen, or have permanent resident status, or have a current work permit.

| | |
|--|----------|
| Are you a New Zealand Citizen? | yes / no |
| If NO, are you a permanent resident of New Zealand or do you have a current work permit? | |
| If you have a work permit, please advise the expiry date | |

OTHER INFORMATION

| | |
|--|----------|
| Have you ever been employed by Expressions Whirinaki? | yes / no |
| If YES, please give details | |
| Do you have a spouse, partner, relative or household member working for Expressions? | yes / no |
| If YES, please give name of person and state relationship | |
| Have you ever been dismissed from a previous role? | yes / no |
| If YES, please provide details | |

DECLARATION

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| 1. | I am able to provide evidence as required to support the information provided in this application. |
| 2. | I am aware that under the Privacy Act 1993, I have the right of access to personal information and to request a correction to it and/or to request that there be attached to it a statement supplied by me relating to the fact that I have requested a correction. |
| 3. | I certify that to the best of my knowledge, the answers to the questions contained in this application form are correct. I understand that if false information is given, or any material fact suppressed, I may not be accepted for employment, or if I am employed, I may be instantly dismissed. I also understand that any false information given in the Health and Safety Section of this form may result in my loss of entitlement for any compensation from the Accident Compensation Corporation (ACC). |

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