

Employment Application Form

Please complete and forward to Expressions Whirinaki PO Box 540594, or 836 Fergusson Drive, Upper Hutt together with your CV and a covering letter in support of your application. You can also forward to us electronically at info@expressions.org.nz

CONFIDENTIALITY AND PRIVACY

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

POSITION APPLIED FOR:			
HOW DID YOU LEARN OF THIS POSITION?			
YOUR SURNAME:		YOUR FIRSTNAME(S):	
YOUR ADDRESS:		HOME PHONE:	
		WORK PHONE:	
		MOBILE PHONE:	
CAN WE CONTACT YOU AT WORK? (CIRCLE CHOICE)	YES / NO	OTHER NAME(S) 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

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)			

REFEREES

PLEASE PROVIDE THE NAMES OF TWO PERSONS – PREFERABLY RECENT EMPLOYERS, FROM WHOM EXPRESSIONS WHIRINAKI MAY REQUEST CONFIDENTIAL REFERENCES. PLEASE INDICATE (CIRCLE CHOICE) IF YOU ARE WILLING FOR US TO CONTACT YOUR REFEREES:

YES / NO / PLEASE CONTACT ME FIRST

Name		Name	
Address		Address	
Phone		Phone	
Email		Email	
Position		Position	

HEALTH AND SAFETY REQUIREMENTS

PLEASE CIRCLE CHOICES BELOW.

Do you currently have, or have you ever had a medical or health related condition caused by gradual process (i.e. injury 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 claims 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 Whirinaki (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

CREDIT AND CRIMINAL CHECKS

If you are applying for a role which provides services to vulnerable people (including children, older people and people with special needs) you may be required to complete a Police Check form. YES/NO

For all other roles completion of a Ministry of Justice check form is required.

A few roles may also require the completion of a credit check.

If required, do you agree to a complete any form relating to either a Police check or a Ministry of Justice check and/or credit checks if required by Expressions Whirinaki

CRIMINAL CONVICTIONS

Do you have any criminal charges pending, or any criminal convictions, either in NZ or overseas? (If you are eligible under Section 7 of the Criminal Records (Clean Slate) Act 2004 you are deemed not to have a criminal record in New Zealand, and are not required to declare the convictions). Exclude minor vehicle offences.

YES/NO

If YES please provide details

RIGHT TO WORK IN NZ

PLEASE NOTE THAT YOU WILL BE REQUIRED TO PROVIDE EVIDENCE OF YOUR RIGHT TO WORK IN NZ IF YOU ARE OFFERED EMPLOYMENT. BY PROVIDING THIS INFORMATION YOU CONSENT TO RELEVANT CHECKS BEING MADE TO CONFIRM YOUR IDENTITY, IMMIGRATION STATUS (IF NOT A NZ CITIZEN) AND/OR NZ CITIZENSHIP (IF A NZ CITIZEN).

PLEASE SELECT ONE OF THE FOLLOWING CHOICES

NZ citizen

Permanent Resident

Work visa holder (work permit)

Visa expiry date (if applicable)

Student visa holder

Visa expiry date (if applicable)

Other

Please state (if applicable)

None of the above

OTHER INFORMATION

Have you ever been employed by Expressions Whirinaki

YES/NO

If YES please provide details

Do you have a spouse, partner, relative or household member working for Expressions Whirinaki?

YES/NO

If YES please give the name of person and state relationship

Have you ever been dismissed from a previous role?

YES/NO

If YES please provide details

DECLARATION

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).

SIGNED: