



EMPLOYMENT APPLICATION FORM

Indicate position being applied for:

- COMMUNITY SUPPORT COORDINATOR
 Casual-COMMUNITY SUPPORT COORDINATOR
 ADMINISTRATION

PURPOSE

To enable us to process a large number of applications made in a multitude of ways and in varying completeness. Please complete in your own handwriting.

PRIVACY

This information is being collected for the purpose of job interview, selection and appointment only, will be treated by us and our employment consultants in strict confidence, and will not be released to any other organisation. You have the right of access to personal information and to seek any correction in it that you consider necessary for accuracy. Should you desire not to supply any information, we will endeavour to assess your suitability for the position applied for without that information.

REFEREES

Separate permission will be obtained before previous employers or referees are contacted.

DATE: _____

SURNAME: _____

FIRST NAMES: _____

Address: _____

_____ Private Phone: _____

PRESENT POSITION: _____ Date Commenced: _____

Firm Name: _____

Position (Title): _____

Describe the main duties and responsibilities of your current job: _____

May we contact you at work? _____ Yes/No Phone: _____

Why do you wish to leave your current job? _____

Do you have secondary employment? _____ Yes/No

If so, please give details: _____

REFERENCES:

Do you give permission for us to contact your previous employers? Yes/No
If yes, please provide the name, firm and phone number of previous employers who can be phoned for references.

Name	Position	Firm	Work Phone	Home Phone

List names, addresses and phone numbers of three people (not employers) for character references:

1 Phone: (day/night).....

2 Phone: (day/night).....

PLEASE ENSURE THAT YOU HAVE PROVIDED THE CONTACT DETAILS OF AT LEAST TWO REFEREES

If successful, when could you take up duties? _____

Please give details of your preferred days of work (*Applicants for Casual position only*)

Monday Tuesday Wednesday Thursday Friday

If required, are you prepared to work extended hours, such as weekends or after 5pm week nights? Yes/No

Do you have a current First Aid Certificate? Yes/No

If so, please **attach** a photocopy of your First Aid Certificate.

Do you have a current full Driver Licence? Yes/No

Any endorsements or cancellations for driving offences: Yes/No

PERSONAL DATA

Are you legally entitled to work in New Zealand? Yes/No

If you are not a New Zealand citizen or permanent resident, please **attach** a photocopy of the appropriate documents (eg if already employed elsewhere, a New Zealand work permit).

SkillWise is responsible for taking all reasonable practicable steps to ensure the health and safety of everyone in its workplace. We must ensure that all employees can perform the job related tasks in a way that does not put themselves or others at risk of harm. To enable us to do this, please answer the following questions:

Are you suffering from, or have you ever suffered from, injuries or medical conditions caused by gradual process, disease or infection (eg hearing loss, repetitive strain injuries, back injury), which the tasks of this job may aggravate or contribute to? Yes/No

If so, please give details:

Do you have any other physical or mental conditions not stated above that may affect your ability to perform the duties required for this job? Yes/No

These duties may include:

- Lifting
- Working on your own
- Communicating – verbally or visually
- Working in intense situations
- Working with computers

If so, please give details:

Are you on any medications that may affect your ability to perform the duties required for this job? Yes/No

If so, please give details:

If you have answered 'Yes' to any of the questions in this section, you may be required to undergo a medical examination at your own expense. The information received will be used purely for the purposes of assessing your ability to perform the duties required for the position being applied for.

Have you ever been charged or convicted of a criminal offence?

I, _____ (full name) declare that to the best of my knowledge the answers to the questions in this application are correct. I understand that if any false information is given and I am employed, I may be dismissed.

SIGNED: DATE: