



Application and Disclosure Form

Thank you for your application to SkillWise. Please complete all sections of this application ensuring that you have also attached the relevant documentation required.

PERSONAL DETAILS

Surname:

First Name(s):

Have you been known by any other name?

Address:

Phone:

Home:

Mobile:

Email Address:

EMPLOYMENT HISTORY

I have submitted a CV

Yes

No

Details of work experience is included in CV (if No, please provide details below)

Yes

No

Role Title

Organisation Name

Employment Dates

Key Responsibilities

Have you been previously employed by Skillwise?

Yes

No

If Yes, please give details

WORK STATUS

(New Zealand Immigration legislation limits employment in New Zealand to New Zealand citizens, residents or holders of a current work permit)

Are you legally entitled to work in New Zealand?

Yes

No

If No, do you have a current work visa or permit?

Yes

No

You will be required to provide evidence of your entitlement to work in NZ (i.e. work permit or residency papers).

Passport Details (if applicable)

Passport Number:

Expiry date:

Country of Origin:

LICENCE DETAILS (if applicable) – Please attach a copy of both sides of your licence

Do you hold a current Full New Zealand Driving Licence?

Yes

No

If Yes, Number:

Class:

Expiry Date:

HEALTH & WELLBEING

Do you have, or have you ever had, any disability, injury or medical condition (whether physical or psychological), which may affect your ability to effectively carry out the

Yes

No

functions and responsibilities of the position applied for?							
If Yes, give details							
Have you ever suffered from any gradual process injury, disease or infection such as:							
Hearing Loss?		Yes		No			
Occupational overuse syndrome (RSI)?		Yes		No			
Sensitivity or allergy to chemicals or other substances?		Yes		No			
Respiratory problems?		Yes		No			
Back problems?		Yes		No			
Have you suffered pain or other problems in your fingers, wrist, forearm, upper arm, shoulder, neck etc?		Yes		No			
If Yes, give details							
Are you on any medication or drugs which may affect your performance in the position that you have applied for?		Yes		No			
If Yes, give details							
Have you had or come into contact with anyone who has had an infectious or contagious disease in the past six months (i.e. tuberculosis or HIV)?		Yes		No			
CRIMINAL CONVICTIONS							
Apart from parking infringements, have you been convicted, diverted or convicted and discharged for any criminal offence/s or civil action/s? (This does not include convictions that are subject to the clean slate scheme of the Criminal Records (Clean Slate) Act 2004). For information about the Act check http://bit.ly/1IY0057		Yes		No			
If Yes, please state							
Do you have any criminal charges, civil actions or court appearances pending or under investigation?		Yes		No			
If Yes, please state							
Have you ever been under investigation for fraudulent or dishonest activity?		Yes		No			
If Yes, give reason:							
PHOTO IDENTIFICATION							
As part of the application process we require photo identification i.e. Current Drivers Licence or Passport. Please confirm you have attached this as part of your application.		Yes		No			
REFEREES							
Please list below the names of at two referees who you have authorised to provide a confidential reference and who you authorise SkillWise to contact to obtain a confidential reference. Your referees must be able to provide work-related information. One referee must be your most recent supervisor or line manager.							
We will request contact details should your application proceed.							
Referee's Full name	Referee's Role Title and Company name	Referee's working relationship to you (e.g. line manager, peer, internal customer)					
	Please confirm the referee's relationship to you outside of work.						
Referee's Full name	Referee's Role Title and Company name	Referee's working relationship to you (e.g. line manager, peer, internal customer)					
	Please confirm the referee's						

	relationship to you outside of work.	

PREVIOUS APPLICATIONS

Have you previously applied for a role within SkillWise?	Yes		No	
If Yes, please provide detail				

OTHER

Are you prepared to work flexible hours if required?	Yes		No	
Are you prepared to work longer than a normal 8 hour day if required?	Yes		No	

ADVERTISING

How did you first hear about this vacancy?

- Seek
- LinkedIn
- Trademe
- Do Good Jobs
- Word of mouth - referral by SkillWise employee

If Yes, please name:

- SkillWise website or Facebook
- Other, please provide detail

Declaration and Disclosure:

I,		(full name)
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1. In accordance with the Privacy Act 1993, I consent to SkillWise seeking verbal or written information about me on a confidential basis. I authorize the information sought to be released to SkillWise is for the purposes of employment.
2. Am not aware of any personal circumstance, medical condition or disability that would limit my ability to adequately perform the role.
3. Declare that I have provided a full account of my employment history, with no omissions. Declare that to the best of my knowledge the answers to the questions in this application are complete and correct. I understand that if any false information is given, or any material fact suppressed, and I am subsequently employed by SkillWise, that I may face disciplinary action including dismissal.
4. Consent to and authorise any screening processes that SkillWise require including, but not limited to reference checks, photo identification, current address verification, criminal convictions checks, ACC pre-employment checks, pre-employment drug and alcohol testing, and verification of my employment records.
5. Consent to a representative of SkillWise seeking verbal or written information on a confidential basis about me from representatives of my previous employers and/or referees and authorise the information sought to be released by them to SkillWise for the purposes of ascertaining my suitability for the position for which I am applying. I understand the information received by SkillWise is supplied in confidence as evaluative material and will not be disclosed to me.
6. Understand that any subsequent employment remains conditional on the satisfactory completion of all required background checks. I understand and agree that my offer of subsequent employment may be terminated, in the event that any check returns a result that is unsatisfactory to SkillWise, which SkillWise may at its sole discretion determine.

Signature:		Date:	
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