



EMPLOYMENT APPLICATION FORM

Important: you must download this form to your computer and save it as a PDF before editing. This will allow all content to be saved in a readable format.

PURPOSE

To enable us to process a large number of applications made in a multitude of ways and in varying completeness. Please complete electronically and return via email to info@skillwise.org.nz with your CV and covering letter.

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.

POSITION BEING APPLIED FOR:

SURNAME: _____

FIRST NAMES: _____

Address: _____

Email: _____ Private Phone: _____

PRESENT POSITION: _____ Date Commenced: _____

Organisation Name: _____

Position (Title): _____

Describe the main duties and responsibilities of your current employment:

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:

REFEREES:

Do you give permission for us to contact your previous employers? Yes No

If yes, please provide the name, organisation and contact 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?

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 (please specify): 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.

COVID-19 Vaccination Status

SkillWise is funded by MSD/MOH who have mandated Covid-19 vaccinations for all workers. For this reason we would like to know your vaccination status. Please note, if you do not wish to disclose your status we will presume you have not been vaccinated:

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

Declaration

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 DATED