

APPLICATION FOR EMPLOYMENT

CONFIDENTIALITY

All information you provide on this application and its attachments will be treated as confidential by Community Wellbeing North Canterbury Trust (**"the Trust"**). The Trust will comply with the Privacy Act 2020.

PURPOSE

The information is collected for the purpose of assessing your suitability for employment with Community Wellbeing North Canterbury Trust (**"the Trust"**). The completion of this form does not indicate that there is any obligation on the Trust to contact/employ you.

APPLYING FOR A POSITION

Please ensure that you complete this application honestly, initial each page where indicated and sign the declaration. If you are emailing your application without initialling and signing, and you are offered an interview, you will be required to initial and sign the application at the time of the interview.

This application must be completed personally by the applicant (**PLEASE PRINT CLEARLY**), and returned with a current curriculum vitae (CV) and covering letter to:

email : recruit@wellbeingnc.org.nz

Note: Ensure to put the role you are applying for in the subject of your email.

Or Post to:

Community Wellbeing North Canterbury Trust
PO Box 409, Rangiora, 7440
NORTH CANTERBURY
Attention: Recruitment Coordinator

You will receive acknowledgement of your application via email so ensure that you include a valid email address in your application.

Applications close: Sunday, 12th June 2022

WHAT HAPPENS NEXT

The Trust Manager will appoint an interview panel who will collectively shortlist applicants based on the key criteria for the role. If you are unsuccessful in making the shortlist, you will be advised via email, however this can sometimes be at the end of the selection process.

If you are shortlisted, you will be contacted to arrange an interview.

You will be required to bring any original qualifications and 2 forms of ID, 1 being a photo ID such as driver's license or passport. The other form of ID can be a birth certificate, marriage license or community card. This is for the purpose of verifying your identity and if required, start the Police Vetting / Criminal History check processes.

APPLICATION FOR EMPLOYMENT DETAILS

POSITION

What role are you applying for?: _____

How did you learn about this role?: _____

PERSONAL INFORMATION

First Name: _____ Surname: _____

Preferred Name: _____

Address: _____

Mobile: _____ Home Phone: _____

Email: _____

Personal Interests / Hobbies: _____

What languages do you speak / sign?: _____

If your application is successful, when can you start work? _____

Briefly state your reasons for seeking this position:

ELIGIBILITY TO WORK IN NEW ZEALAND

To be employed by the Trust you must be eligible to work in New Zealand. Please ensure that you have the necessary documentation needed to do this as, should you become a preferred candidate, you will be asked to present that documentation for verification.

Please Tick One

YES NO

I am a NZ Citizen

I am a permanent Resident

I hold a current work permit

What evidence can you provide to show that you are legally entitled to work in New Zealand?

e.g. passport, driver's licence, visa/permit type

EDUCATION, QUALIFICATIONS & EMPLOYMENT HISTORY

Please ensure you attach an up to date curriculum vitae (CV) which details your work history, education, and qualifications. Include copies of any qualifications / certificates to support your application.

EDUCATION & QUALIFICATIONS

List your main qualifications, professional bodies (if applicable) you belong to, and any other education or courses you have completed or are currently completing.

NOTE: If you are offered an interview for this role, you will be required to bring the original copy of any of your qualification(s) that are required for this role so they can be sighted and copied.

1 _____

2 _____

3 _____

4 _____

5 _____

6 _____

7 _____

8 _____

Are you currently studying or planning to study for any qualification that may be relevant to the role you are applying for? If YES, please provide details below: YES NO

SOFTWARE EXPERIENCE

We do prefer potential employees to have a good working knowledge of standard software such as Microsoft Windows, Email, Word. Please indicate below what your experience and competency is with the various standard software used at the Trust.

MS Windows	Basic	<input type="checkbox"/>	Intermediate	<input type="checkbox"/>	Advance	<input type="checkbox"/>
MS Outlook	Basic	<input type="checkbox"/>	Intermediate	<input type="checkbox"/>	Advance	<input type="checkbox"/>
MS Word	Basic	<input type="checkbox"/>	Intermediate	<input type="checkbox"/>	Advance	<input type="checkbox"/>
MS Excel	Basic	<input type="checkbox"/>	Intermediate	<input type="checkbox"/>	Advance	<input type="checkbox"/>

Other packages used: _____

EMPLOYMENT HISTORY

Start with present employer, and then list most recent employers in date order. Further information can be provided via your CV.

#	EMPLOYER	POSITION	PERIOD	REASON FOR LEAVING
1				
2				
3				
4				

REFEREES

Please provide at least three referees from your most recent employers. These should preferably be current or previous managers.

By signing this employment application, you are giving the Trust permission in the event that you are the preferred candidate, to contact your referees below to verify your work experience and ability to meet the requirements of this role.

REFEREE ONE

Name: _____

Position: _____

Company: _____

How long did you work for / with this person?: _____

Relationship to Referee: _____

Contact Phone Numbers: _____

REFEREE TWO

Name: _____

Position: _____

Company: _____

How long did you work for / with this person?: _____

Relationship to Referee: _____

Contact Phone Numbers: _____

REFEREE THREE

Name: _____

Position: _____

Company: _____

How long did you work for / with this person?: _____

Relationship to Referee: _____

Contact Phone Numbers: _____

DRIVERS LICENSE DETAILS

Where your role may require you to utilise the Trust's Pool Cars, the Trust requires the following information:

Do you have a current drivers license? YES NO

NOTE: If you are invited to an interview, we will take a copy of your driver's license then.

Your name as it appears on your driver's license _____

License Number: _____ Class (e.g. car, motorcycle, etc): _____

Category: Full Restricted Learners

Do you have any demerit points or endorsements on any of your licenses? YES NO
If YES, please detail below:

Do you have any traffic cases pending? If YES, please detail below: YES NO

CRIMINAL HISTORY, POLICE VETTING CHECKS

Some roles require completion of criminal history or police vetting check due to the responsibilities associated with the role. There are also legislative requirements that the Trust must adhere to, such as the Childrens Act 2014.

You will be required to complete a Police Vetting form or Criminal History form if you are a preferred candidate.

All applicants must disclose all criminal convictions unless covered by the Clean Slate Act 2004. Go to the Ministry of Justice website for further information.

Offers of employment are conditional on the satisfactory completion of all police and/or criminal history checks. Any issues arising from the check will be discussed with you and if they cannot be resolved to the Trust's full satisfaction, you will not be offered the role or if you are provided with an offer that is conditional on the completion of the checks, the offer and employment agreement will be terminated immediately.

If you have any queries about our background checking process, please contact the Trust Manager: 03 310 6374.

Please answer all question honestly:

If required, do you agree to a Police Vetting or Criminal History check? YES NO

Answer if you are applying for a clinical role i.e. social worker, counsellor etc: Has your professional body taken any disciplinary action against you in the past or is there any action pending by your professional body, which may affect your ability to carry out the duties required for the position you are applying? YES NO
N/A

If YES, please provide details: _____

Have you any criminal convictions or actions pending which could result in a criminal conviction in New Zealand or overseas. YES NO

If YES, please provide details: _____

HEALTH & SAFETY REQUIREMENTS

Declaration of a medical condition does not necessarily exclude employment opportunities within the Trust. The following questions are to ensure you can safely carry out the position.

The following information is required to assist the Trust meet its obligations under the Health & Safety at Work Act 2015 and any other Acts or Regulations.

Are you aware of any current or former medical or health related conditions that could affect your performance or ability to carry out the duties and responsibilities of the position or that may be aggravated or further contributed to by the tasks of the position for which you are applying? YES NO

If YES, please specify: _____

Have you suffered any injury or illness that may affect your ability to effectively carry out the physical requirements, functions and responsibilities of the role applied for (e.g. a previous back injury, carpal tunnel, tennis elbow or other repetitive strain injury)? YES NO

If YES, please provide details: _____

Do you suffer from any allergies or other medical conditions, which would affect your work? In particular, any medications you would need to take in case of a health emergency. (For Health & Safety purpose we need to know what your needs are in case of a reaction). YES NO

If YES, please specify: _____

Are you on medication, which may affect your performance in the position that you have applied for? YES NO

If YES, please provide details: _____

Have you now, or at any time in your past, had any problems with addictions to alcohol or drugs? YES NO

If YES, please specify: _____

Do you agree to undergo a medical examination at the Trust's expense if required? YES NO

Can you please confirm that you meet the vaccination status required for this role? Employees at this agency are required to be fully vaccinated.

NOTE: For all medical/health emergencies, the Manager or Team Leader has full and final responsibility to call for medical assistant and request assistance by medical professionals i.e. ambulance. This may override the wishes of the person requiring assistance.

DECLARATION

- I declare that to the best of my knowledge the answers in this application are correct. I understand that if any false or deliberately misleading information is given, or any material fact suppressed, I will not be accepted for employment, or if I am employed, my employment will be terminated.
- I understand that all information provided by me will be held on a confidential basis and that my permission will be sought before any identifying personal details are released to a third party.
- I understand that I may access personal information about me held by the Trust and request correction of that information. This access to information excludes reference checks undertaken by the Trust and all evaluative or opinion material compiled by the Trust employees for the purpose of assessing my suitability, eligibility and qualifications for employment.

- I consent to the Trust undertaking qualifications and reference checks pursuant to my application for a specific employment position, and recognise that all enquires will be conducted on a confidential basis, and that the Trust has the right to maintain confidentiality of this information.
- I understand that any offer of employment made is conditional on my obtaining a police vetting / criminal history checks by the Trust. I further understand that any issues arising from the police vetting / criminal history checks will be discussed with me and if they cannot be resolved to the Trust’s full satisfaction, that I will not be offered the role or if I am provided with an offer that is conditional on the completion of the checks, the offer and employment agreement will be terminated immediately.
- I agree that if I am chosen as the preferred candidate for a position, and I have answered “yes” to any of the Health Section questions, I may be required to have a medical assessment by a medical assessor chosen by the Trust, at the Trust’s expense.

Applicants Name: _____ Date signed: ____ / ____ / ____

Signature of Applicant: _____

Note: Online Signature

If you are completing this form in Word, you can just type your name.

If you are invited to an interview, we will ask you to sign the completed hard copy of your application form.

TO BE COMPLETED BY EMPLOYING MANAGER OF THE TRUST

The following documents have been sighted (where relevant) and/or follow up activity completed.

- Application of Employment initialled and signed**

- Practising Certification No :** _____ **Expires on:** ____ / ____ / ____
(if applicable)
Copy attached of certificate & copy of ID to verify signature

- Police Vetting / Criminal History results received:** _____ **Results:** ____ / ____ / ____
(copy attached)

- Identification sighted:**
(copy of Photo ID and 1 other ID attached)

- Work Permit (if applicable)** _____ **Expires on:** ____ / ____ / ____
(copy attached)