



Application for Employment

This is an application for employment with the Pike River Recovery Agency (the Agency). Should that application result in an employment arrangement it will form part of an Employment Agreement. In accordance with the Privacy Act 1993, the information you provide will be used only for assessing your suitability as an employee of the Agency and for no other reason. The application form is a source of information, which will assist the Agency in considering your suitability for the position for which you are applying. In order to ensure your safety and the safety of your colleagues, this form asks for detailed personal information. Please fill in this form truthfully and accurately. If successful in obtaining employment, this information will form part of the Agency's personnel records. Failure to supply the required information may prejudice the Agency's ability to determine your suitability for the position. You are entitled to access this information upon request to the Pike River Recovery Agency. This information is currently held at Unit 2, 36-46 Tainui Street, Greymouth.

What position are you applying for?	
Where did you first see the position advertised?	

Personal Information

First Names		Surname	
Address:			
Phone:	Home:	Work:	Mobile:
Email:			
(A copy of your Birth Certificate may be required if employment is offered to you)			

Work Status

Are you a New Zealand or Australian Citizen?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you have the right of permanent residence in New Zealand or Australia?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you have a NZ work visa that allows you to work for at least 24 months from time of employment?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
You will be required to provide evidence of your entitlement to work in New Zealand (i.e. production of a work permit or residency papers).				

Education

Please Note: You are not required to complete the following sections if you are submitting a Curriculum Vitae (CV) containing the information requested.

Name of School / Technical Institute / University, etc.	Dates Attended		Qualifications Obtained
	From	To	

Trade / Occupational Qualifications and Experience			
Do you have any qualifications relevant to the position for which you are applying?		Yes	No
If so, give details			
Please describe any knowledge/skills and experience you possess which may be relevant to the position for which you are applying			
If so, give details			

Employment Record			
List your current or most recent employer first. Include periods of employment, travel and full-time study. (For further employment records, please continue on a separate sheet.) Details may be shown on an attached CV.			
Current/Past Employer			
Period Employed:	From:		To:
Position:			
Reporting to:			
Responsible for			
Reason for Leaving:			
Current/Past Employer			
Period Employed:	From:		To:
Position:			
Reporting to:			
Responsible for			
Reason for Leaving:			
Current/Past Employer			
Period Employed:	From:		To:
Position:			
Reporting to:			
Responsible for:			
Reason for Leaving:			

Referees

You are required to provide at least two referees, preferably from your most recent employment. If you have not been in previous employment, character referees are sufficient.

Name of Person / Job title / Organisation	Relationship to you (Employer / Colleague / Neighbour / Friend)	Phone Number

I consent to the Agency seeking verbal and/or written information about me from representatives of my previous employers and/or referees and authorise the information sought to be released for the purposes of ascertaining my suitability for the position I am applying for. I understand that the information received by the Agency is supplied in confidence as evaluative information, and as such will not be disclosed to me.

Signature

Date:

Personal Interests / Hobbies

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Medical

You will be required to undergo pre-employment health checks and alcohol and drug testing, the costs of which will be met by the Agency.

Do you have any known health condition including psychological/mental conditions, which may affect your ability to carry out the functions and responsibilities of the position applied for?

Yes

No

If Yes, give details

Have you suffered any injury or illness that may affect your ability to effectively carry out the physical requirements, functions and responsibilities of the position applied for (e.g. a previous back injury, carpal tunnel, tennis elbow or other repetitive strain injury)?

Yes

No

If Yes, give details

Are you taking any drugs/medication that may affect your ability to perform the tasks of the position?

Yes

No

If Yes, give details

Have you made any ACC claims in the past 5 years that relate to any injury that could interfere with your ability to perform the job you are applying for?

Yes

No

If Yes, give details

Are you allergic to, or do you have any sensitivities to, any substances or chemicals?		Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If Yes, give details		<input type="text"/>			

Driver's Licence							
Do you hold a current Full New Zealand or International Driver's Licence?				Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If Yes, Number:		<input type="text"/>	Class:		<input type="text"/>		
Expiry Date:		<input type="text"/>	No. of Demerit Points:		<input type="text"/>		
Has your Driver's Licence been cancelled within the last five years?				Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Is there any matter pending which could affect the status of your Driver's Licence?				Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

General							
Have you had any criminal convictions within the last five years?				Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If Yes, give details		<input type="text"/>					
Are you currently awaiting the hearing of any criminal charges?				Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Are you prepared to work overtime and/or flexible hours as and when required?				Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Have you ever been dismissed or suspended from employment?				Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you hold a current New Zealand First Aid certificate?				Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Do you have any future commitments that could affect your ability to work (e.g. booked travel)?				Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If Yes, give details		<input type="text"/>					
Do you have a spouse, partner, household member or close friend working with an organisation that has some involvement with the Pike River Recovery Agency?				Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
If Yes, give details		<input type="text"/>					
If your application is successful, when could you start work?		<input type="text"/>					

Additional Information							
If this application is unsuccessful, do you consent to having your details held on file for a period of 6 months to be assessed for suitability for other vacancies that may arise if appropriate?				Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Declaration

I,

(full name)

1. Declare that the answers to the questions in the application are true and correct and I understand that the information requested within this application form is sought to establish my suitability for the position that I am applying for and that if I do not provide such information then this application for employment may be rejected.
2. Authorise any screening processes that the Agency sees fit to exercise in considering this application. I understand this process may include employer references and checking of criminal and medical records.
3. Note that any offer of employment does not constitute an employment agreement until a separate agreement has been evidenced in writing and signed by the Pike River Recovery Agency and myself.
4. Am not aware of any personal circumstance, any actual or perceived conflict of interest, medical condition or disability that would limit my ability to adequately perform the role for which I seek appointment.
5. Accept that, should my application be successful, the foregoing information will form part of my contract of employment and falsification of any information is grounds for dismissal.
6. By returning this application electronically it is acknowledged that I fully agree with the above declaration. Applicants invited to an interview will be required to sign this declaration.

Signature

Date: