

# Application For Employment

**Private and Confidential**



Thank you for applying for a position with The Supported Life Style Hauraki Trust. The information you provide in this application form will be used to help us assess your suitability for the position. All information you give us will be treated confidentially and will only be released in accordance with the authorisations you provide to us in this form. If your application is successful, the information will become part of The Supported Life Style Hauraki Trust personnel records. You are entitled to access the information upon request.

<b>Position applied for:</b>	
<b>Date of application:</b>	
<b>Referred by:</b>	(staff members name)

<b>Personal Details &amp; General</b>						
<b>Title:</b>	Mr <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Mrs <input type="checkbox"/>	Dr <input type="checkbox"/>	Other:
<b>Family Name:</b>						
<b>First Names:</b>						
<b>Preferred Name:</b>						
<b>Other known names:</b>						
<b>Address:</b>						
<b>Telephone:</b>	<b>Daytime</b>			<b>After Hours:</b>		
<b>Mobile:</b>			<b>Email:</b>			
<b>Social Media:</b>						

<b>If your application is successful, when would you be able to commence employment?</b>			
<b>Please indicate your remuneration expectations for this role</b>			
<b>Are you prepared to work shifts?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>Are you prepared to night shifts?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>Have you ever worked shifts/nights before?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>Are you prepared to work overtime?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>Are you prepared to handle all products, materials or equipment used in the industry?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

<b>Do you have a current Drivers Licence?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No			
	<input type="checkbox"/> Learners	<input type="checkbox"/> Manual	<input type="checkbox"/> Automatic	<input type="checkbox"/> Full	<input type="checkbox"/> Restricted
<b>Please indicate which classes:</b>					
<b>Driver's license number:</b>					

<b>Are you legally entitled to work in NZ?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>If yes, do you have:</b>		
<b>NZ or Australian Citizenship</b>	<input type="checkbox"/>	
<b>NZ Permanent Residence *</b>	<input type="checkbox"/>	
<b>Work Visa/Permit *</b>	<input type="checkbox"/> We need your work visa to be current and to be valid for at least one year from the date of your application.	
<b>Other (please provide details):</b>		
Please note a Birth Certificate or Passport must be sighted prior to commencing work		
* You will be required to produce your permit/visa if you attend an interview.		

<b>Do you have a spouse, partner, child, relative or household member working at The Supported LifeStyle Hauraki Trust or anywhere else in the same industry?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Are you aware of any factors that could place you in a potential conflict of interest with The Supported Life Style Hauraki Trust?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>If the answer to one or both of the above two questions is yes, please provide details relating to each:</b>		

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<b>Employment History</b> <i>(you do not need to complete this section if your accompanying CV contains this information)</i>	
Please list your previous positions below (beginning with your present or most recent position):	
<b>Employer:</b>	
<b>Position:</b>	<b>From – To</b>
<b>Key Responsibilities:</b>	
<b>Reason for leaving:</b>	
<b>Employer:</b>	
<b>Position:</b>	<b>From – To</b>
<b>Key Responsibilities:</b>	
<b>Reason for leaving:</b>	
<b>Employer:</b>	
<b>Position:</b>	<b>From – To</b>
<b>Key Responsibilities:</b>	
<b>Reason for leaving:</b>	

<b>Qualifications and Skills</b> <i>(you do not need to complete this section if your accompanying CV contains this information)</i>		
Please note – you may be required to produce original evidence of qualifications for sighting prior to commencing employment at The Supported LifeStyle Hauraki Trust.		
Institution	Course	Year of Completion
<b>List the skills and experience (eg. computer skills, technical, professional skills) you consider are relevant to your application:</b>		

<b>(THIS QUESTION DOES NOT APPLY TO CASUAL EMPLOYEES) Do you have any work commitments that you would wish to continue after the commencement of your employment at The Supported Life Style Hauraki Trust? Please note that any private paid outside work MUST be declared prior to the commencement of your employment.</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Do you have any commitments that may impact on your being able to perform the role for which you are applying? (eg. Sports or community service commitments)?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>If the answer to the above question is yes, please provide details of the commitment(s) and the way it/they may impact upon your ability to perform the role:</b>		

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# Pre-Employment Health Questionnaire

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<b>Family Name:</b>	
<b>First Names:</b>	
<b>Date of Birth:</b>	

This pre-employment health questionnaire is designed to comply with the Health & Safety in Employment Act (1992). Your Employer is required to take all practicable steps to protect you from harm. Ensuring you are fit to undertake the work required forms part of that.

I understand that if my employment is confirmed this information will be kept on file and be used as a record of my health status at the time of commencement and for comparison at later assessments. These records may also be used to identify any health issues in situations of redeployment, work redesign and accident investigation.

I understand that roles at the Trust require heavy lifting and bending, therefore there is a need for you to be physically fit.

**Please answer each question as accurately as you can. If you answer Yes to any of these questions, please provide further details:**

## Covid-19 Vaccination Status

Please provide details of your Covid-19 vaccination history (dates/vaccine used) This can be found online at: <https://app.covid19.health.nz/>

Date of last vaccination:

Type of vaccination:

Are you being treated by a doctor for any illness which may affect your ability to undertake or be affected by the job applied for?

No  Yes ... [Details:](#)

Are you taking regular medication which could possibly affect your ability to undertake the job applied for?

No  Yes ... [Details:](#)

Have you ever had any operations relevant to restricted movement?

No  Yes ... [Details:](#)

Have you ever had any injuries which affect movement or posture?

No  Yes ... [Details:](#)

Do you, or have you ever suffered from:

(i) Visual problems

No  Yes ... [Details:](#)

(ii) Occupation Overuse Syndrome (O.O.S.)

No  Yes ... [Details:](#)

(iii) Repetitive Strain Injury (R.S.I.)

No  Yes ... [Details:](#)

(iv) Carpal Tunnel Syndrome

No  Yes ... [Details:](#)

(v) Tenosynovitis

No  Yes ... [Details:](#)

Do you have, or have you had, trouble with your:

(i) Back or neck

No  Yes ... [Details:](#)

(ii) Shoulders, elbows, wrists or hands

No  Yes ... [Details:](#)

Have you ever made a claim to ACC for an injury or disease which may be affected by the job applied for?

No  Yes ... [Details:](#)

Do you have any personal or health related issues that may impact on your ability to perform the tasks required in the role that you are applying for?

No  Yes ... [Details:](#)

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Are you prepared to undertake a pre-employment medical examination including testing for illicit substances?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Are you affected in any way by the effects of a previous injury	<input type="checkbox"/> No <input type="checkbox"/> Yes
Do you have any condition, illness or injury that affects your ability to drive?	<input type="checkbox"/> No <input type="checkbox"/> Yes
Do you have any condition, illness or injury that restricts the weight you can lift?	<input type="checkbox"/> No <input type="checkbox"/> Yes

Referees	
Please list referees that The Supported Life Style Hauraki Trust can contact to discuss you and your ability to perform the role. One of which must be your most current employer. We will not contact your referees without your permission.	
<b>Email address is our most common way of contacting referees – PLEASE INCLUDE AN EMAIL ADDRESS</b>	
Referee 1.	
<b>Name:</b>	<b>Relationship:</b>
<b>Organisation:</b>	<b>Telephone:</b>
<b>EMAIL:</b>	
<b>Address:</b>	
Referee 2.	
<b>Name:</b>	<b>Relationship:</b>
<b>Organisation:</b>	<b>Telephone:</b>
<b>EMAIL:</b>	
<b>Address:</b>	

Declaration:	
<p>I declare to the best of my knowledge that information contained in this application and in my CV attached is accurate and I understand that if I have given incorrect or misleading information, or if I have left out any important information, I may not be considered for employment at The Supported Life Style Hauraki Trust or if already employed, my employment may be terminated.</p> <p>I further understand that any offer of employment, if made, is conditional on obtaining successful police, reference and as necessary, medical clearance.</p> <p>I give my permission for a police vetting check to be undertaken electronically by The Supported Life Style Hauraki Trust using the information I have supplied in this application.</p> <p>I understand that any offer of employment is conditional upon the information contained in my application.</p> <p>If you are unsuccessful in your application, we will keep your application on file for six months in case an alternative opportunity arises. Your application will be removed from our system after this date. If you do not want us to keep your details, please let us know.</p>	
<b>Signature:</b>	<b>Date:</b>

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## Section 1: Agency to complete

For more information please see the [Guide to PVS Request & Consent Form](https://www.police.govt.nz/advice-services/businesses-and-organisations/nz-police-vetting-service/forms-and-guides)  
(<https://www.police.govt.nz/advice-services/businesses-and-organisations/nz-police-vetting-service/forms-and-guides>)

### 1.1 Name of agency submitting vetting request

### 1.2 Name of the person being vetted

### 1.3 Description of the role of the person being vetted

*This is a brief description of the role (not the job title). This is used by Police to help decide what type of vet is conducted if it is unclear from the following questions.*

### 1.4 Which groups will the person being vetted be working with (select all that apply):

 Children/ Young People Vulnerable Adults

### 1.5 Does the role involve caring for people in the home of the person being vetted?

*This is about whether the person being vetted is providing services out of their own home (that is, are vulnerable children or adults visiting the home of the person being vetted for support).*

 Yes No

### 1.6 Is the person being vetted:

 A paid worker A volunteer Undertaking vocational or educational training

### 1.7 Is the person being vetted a Children's Worker according to the Children's Act 2014, section 23(1)?

*If the person being vetted is not working with children/ young people (Q 1.4), tick 'No' then skip to question 1.11.  
If the person being vetted IS working with children (Q 1.4) AND is a volunteer (Q 1.6), tick 'No' then skip to question 1.9.*

 Yes No (skip to question 1.9)

### 1.8 Is the role of the person being vetted a core or non-core worker role according to the Children's Act 2014, section 23(1)?

 Core worker Non-core worker

### 1.9 Has the person being vetted previously been Police vetted by your agency?

 Yes No (skip to question 1.11)

1.10 Is the person being vetted still working in the role for which your agency last obtained a Police vet?

*If this request is a renewal of the person's previous vet for this role, please select Yes. Otherwise, answer no.*

Yes

No – the person being vetted is applying for a new role or position

1.11 What is the job title of the person being vetted?

1.12 Evidence of identity (to be completed by agency representative or identity referee)

[See consent form guide for details on how to complete this section](#)

A primary ID has been sighted (mandatory)

A secondary ID has been sighted (mandatory)

One form of ID is photographic (mandatory)

Evidence of name change has been sighted (if applicable)

**OR:** *If your agency is able to accept a verified RealMe identity then:*

An assertion of a RealMe identity has been received (see [consent form guide](#) for further information)

**In making this request, I confirm that:**

- ✓ I have complied and will comply with the [Approved Agency Agreement](#).
- ✓ I am satisfied as to the identity of the person being vetted.
- ✓ I have obtained the authorisation of the person being vetted to submit this vetting request as set out in section 3 of this form.

Agency Representative:

Name:

Date:

Signature:

Electronic signature

## Section 2: Person being vetted to complete and return to agency

\* Denotes a mandatory field

### 2.1 Personal Information

Note the name you are most commonly known by is your primary name

* Family name (Primary)	
* First/Middle name(s)	
* Gender	
* Date of birth	
Place of birth (Town/ City/ State)	
* Country of birth	
NZ Driver Licence number	

### 2.2 Previous names if applicable

Please include other alias or alternate names; married name if not your primary name; previous/ maiden/ name changed by deed poll or statutory declaration. Please include ALL names (first, middle and last) for each alias/previous name.

Family name	First name	Middle names

### 2.3 Permanent residential address

* Flat/ Number/ Street			
* Suburb		Post Code	
* Town/ City			

## Section 3: Person being vetted to complete and return to agency

### 3.1 Consent to release information

1. The New Zealand Police may release **any** information they hold if relevant to the purpose of this vetting request. This includes:
  - a. Conviction histories and infringement/demerit reports.
  - b. Active investigations, charges and warrants to arrest.
  - c. Charges that did not result in a conviction including those that were acquitted (not guilty), discharged without conviction or withdrawn.
  - d. **Any** interaction I have had with New Zealand Police relevant to the role being vetted, including investigations that did not result in prosecution or were resolved by an alternative resolution programme.
  - e. Information regarding family violence where I was the victim, offender or witness to an incident or offence. This is particularly relevant where the role being vetted for takes place in a home environment where exposure to physical or verbal violence could place vulnerable persons at emotional or physical risk.
  - f. Information subject to name suppression where that information is necessary for the purpose of the vet.
2. If I am eligible under the Criminal Records (Clean Slate) Act 2004, my conviction history will not be released **unless**:
  - a. Section 19(3) of the Clean Slate Act applies to this request (exceptions to the clean slate regime).
  - b. Section 31(3) of the Children’s Act 2014 applies to this request (safety checks of core children’s workers).
  - c. The vetting request is made for the purpose of an overseas visa/work permit and authorises the vetting report to be provided directly to the relevant embassy, high commission, or consulate.

Please see the [vetting website](#) for more information regarding the Clean Slate legislation and what may be released.

3. The Police Vetting Service may disclose newly obtained relevant information to the requesting agency after the completion of the Police vet in the following circumstances:
  - a. The disclosure of the newly obtained information is justified under the Privacy Act 2020 (if it had existed or been available at the time of the Police vet, it would have been disclosed); and
  - b. The Police Vetting Service has taken steps to confirm that the purpose for the Police vet still exists – e.g., that I am employed or engaged in a role that required a Police vet.

The Police Vetting Service will take reasonable steps to notify you prior to the disclosure.

4. Information provided in this consent form may be used to update New Zealand Police records.
5. I am entitled to a copy of the vetting report released to the agency (to be provided by the agency) and can request a correction of any personal information by contacting the Police Vetting Service.
6. Please notify the agency or the Police Vetting Service if you wish to withdraw your consent.

For further information about the vetting process, please see the [vetting website](#).

#### Authorisation of person being vetted:

- ✓ I confirm that the information I have provided in this form relates to me and is correct.
- ✓ I have read and understood the information above.
- ✓ I authorise New Zealand Police to disclose any personal information relevant to my application (as described above) to the agency making this request for the purpose of assessing my suitability.

Name:		Date:	
Signature:		Electronic signature	<input type="checkbox"/>