

APPLICATION FOR EMPLOYMENT

(Please print or type all information)

Instructions for Applicants

The information provided by you in this application form is for the purpose of assessing your suitability for employment for the advertised position. Please ensure that you complete all sections in full and do not write "refer to CV" as we need all of this information to process your application. This form is to be personally completed and signed by you.

Position applied for:

Please attach the following to this application form:

- Your current Curriculum Vitae
- · A covering letter

Scanned copies of any qualifications that are essential for the position that you are applying for (please do not include any original documents)

1. Personal Info	ormation							
First Names:			Surn	ame:				
Are you known by a	nother name?	Yes	No	If yes,	what oth	er names a	are you known by?)
First Names:			Surn	ame:				
Residential Address:					Phone:	Home:	(0)	
Postal Address:						Work:	(0)	
Email:						Mobile:	(0)	
Reason for applying position:	for this							
2. Education / 0	Qualificatio	ons						
QUALIFICATIONS								
Name of School/Ted Institute/University (As relevant for role)	chnical	Dat	e From	Date	: То	Qualif	fications Obtained	

	Qualification Goal	Title of Papers
Name of School/Technical Institute/University (As relevant for role)	Qualification Goal	Title of Fupers
•		
TRAINING COURSES ATTENDED		
Name of School/Technical	Qualification Goal	Title of Papers
Institute/University (As relevant for role)		
Vhere appropriate, you will be required to pro	oduce the original qualification document	es.
		rs.
SKILLS / ATTRIBUTES / PROFESSIONAL	L MEMBERSHIPS	
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3.	Recent Emplo include the last fiv			/ (Plea:	se start witl	ı your cu	rrent or	most re	cent positic	on and
	Name of Employer:									
	Nature/Type of Busines	ss:								
	Address:									
	Position Held:									
	Brief description of position dimensions an key achievements:	id								
	Length of Service:	From:	/	,	/	То:		/	/	
	Reason for Leaving:									
	Name of Employer:									
	Nature/Type of Busines	ss:								
	Address:									
	Position Held:									
	Brief description of position dimensions an key achievements:	d								
	Length of Service:	From:	/	,	/	To:		/	/	
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Reason for Leaving:						

6. Referees PLEASE NOTE: We will not make contact with your referees without discussing this first with you. Please provide the names and contact phone numbers of 2 recent work related referees, where there has been a direct relationship (ie. a manager that you have reported to, a colleague that you have worked with and at least 1 staff member that you have managed (if applicable)). Name Occupation/Job Title Name Occupation/Job Name Company Name (e.g. Manager, colleague, direct report) Do you consent to us contacting your current employer? Yes No Currently unemployed: For the purpose of compiliance with the Privacy Act 1993, do you consent to Tütaki Youth Inc Trust to which this application applies seeking verbal or written information on a confidential basis about yourself from the referees listed above, and authorise the information sought to be released by them to us for the purposes of	Years	Hours Per Year	Organisatio	on Involveme	nt
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ascertaining your suitability for the position you are applying for? Do you understand that the information received by us is supplied in confidence as evaluative material, and will not be disclosed to you?	this application referees liste	on applies seeking verbal d above, and authorise th your suitability for the po	or written informe information so osition you are a	nation on a confidential ba ought to be released by the oplying for? Do you under	esis about yourself from the em to us for the purposes of estand that the information
Yes No If yes, signature: Date:	received by ι				

7. Resident Status		
Are you a citizen of New Zealand?	Yes	No
If yes, can you produce evidence if required?	Yes	No
If no, do you have the right of permanent residence or a work permit? (It will be necessary to produce your passport and associated documentation for verification)	Yes	No
If you have a work permit, what is the expiry date?	/	/
Are you an assisted immigrant under bond to the NZ Government or any other employer?	Yes	No
If yes, do you have authority to accept other employment?	Yes	No
8. Medical (Tick box which applies & provide details where required)		
Do you have any condition that may affect your ability to effectively carry out the functions and responsibilities of the position applied for?	Yes	No
Approximately how many days have you been absent from work in the last 12 months, other than for annual leave and public holidays?		

9.	General		
	Do you have a current NZ driver's licence?	Yes	No
	If yes, License Number Learner	Restricted	Full
	Classes held: Any demerit points?	Yes	No
	Has your licence ever been endorsed?	Yes	No
	If yes, give brief details:		
	Do you have any cases pending which would affect your licence?	Yes	No
	Have you ever been convicted of a criminal offence (not including any concealed under the Criminal Records (Clean Slate) Act 2004?	Yes	No
	If yes, give brief details:		
	Are you currently awaiting the hearing of charges in a civil or criminal court of law?	Yes	No
	If yes, give brief details:		
	Has the Social Worker Registration Board received any complaints about you/taken any disciplinary action against you in the past or is there any action pending by this professional body, which may affect your ability to carry out the duties required for the position you are applying?	;	No
	If yes, please explain:		
	Have you ever been subject to any form of investigation or disciplinary process that could be relevant to child/youth safety?	Yes	No
	If yes, please explain:		

	_	ed to know that may impact on your ability to carry out osition you are applying?	,	Yes	No
If yes, please e	explain:				
Have you prev	viously been er	mployed by Tūtaki Youth Inc Trust?	,	Yes	No
If yes, when?					
		rrently employed by Tūtaki Youth Inc Trust?		Yes	No
If yes, who? V	What is your re	lationship to them? What is their occupation?			
How did you f	ind out about	this position?			
□ website		Please specify			
newspap	er	Please specify			
□ word of r	mouth				
□ other					
10. Commer	ncement /	Notice Period			
If your applicati	ion is successfu	ul, when could you start work?			
11. Declarat	ion				
l,				(full n	ame)
application forr given or any ma is discovered af	m are correct aterial fact sup ter I have beer on given in re	my knowledge, the answers that I have provided to and I understand that if any false or deliberately misle pressed, I will not be accepted for employment. If such employed, my employment will be terminated. I also lation to my medical history may result in my loss of	eading i th inforr unders	inform mation stand t	ation is n or fact that any
Signature:		Date:			