

CONFIDENTIAL

**APPLICATION FOR EMPLOYMENT
TE TONO KIA WHIWHI MAHI**



**NORTH HAVEN HOSPICE
SOCIETY INC.**

Name Ingoa	
Position applied for Te turanga	

The completion of this form does not indicate there is an obligation on the Company to engage the applicant. This information is collected for the purpose of assessing your suitability for employment at the North Haven Hospice Society Inc. which may include subsequent changes in your employment with the North Haven Hospice Society Inc.

PERSONAL DATA

Family Name _____ Given names _____

Contact address _____ Email address _____

Contact phone numbers: Home _____ Other no. _____

Have you reached the current school leaving age? Y / N Are you legally entitled to work in New Zealand? Y / N

Do you smoke? Y / N Do you have secondary employment? Y / N Do you have a current driver's licence? Y / N

Have you ever been convicted of a criminal offence? Y / N Are you awaiting the hearing of charges in any court? Y / N Any demerit points or endorsements? Y / N

If yes to any of these please explain

RELEVANT QUALIFICATIONS

Educational facility	Qualification	Date

Do you speak/write any language other than English which could help you in your job? Y / N

If yes, please explain:

EMPLOYMENT HISTORY (list most recent first)

Company

Location

Position held

Hrs/wk

Employed from / / to / /

Reason for leaving

Company

Location

Position held

Hrs/wk

Employed from / / to / /

Reason for leaving

EMPLOYMENT HISTORY continued

Company
Location
Position held
Hrs/wk
Employed from / / to / /
Reason for leaving

Company
Location
Position held
Hrs/wk
Employed from / / to / /
Reason for leaving

List other work which may be relevant
Have you previously worked for the North Haven Hospice Society Inc.? Y / N
If yes, please describe

MEDICAL

Have you had any injury or medical condition caused by gradual process, disease or infection (for example, hearing loss, sensitivity to chemicals, occupational overuse syndrome (repetitive strain injury), or back injuries that may be aggravated or further contributed to by the tasks of this job, or which may otherwise affect your ability to carry out the duties you will be required to perform? Y / N
If yes, please detail:

OTHER

Is there any other information or facts which may be relevant to the North Haven Hospice Society Inc. decision whether to employ you? Y / N
If yes, please detail:

REFERENCES

I consent to the North Haven Hospice Society Inc. seeking verbal or written information on a confidential basis about me from representatives of my previous/current employers and/or referees, and authorise the information sought to be released by them to the North Haven Hospice Society Inc. for the purposes of ascertaining my suitability for the position I am applying for.

Signature _____

Date _____

Please note that at least two referees should be from present or previous employers

REFEREE 1

Name

Position

Company

Contact address

Contact phone

Contact fax

REFEREE 2

Name

Position

Company

Contact address

Contact phone

Contact fax

REFEREE 3

Name

Position

Company

Contact address

Contact phone

Contact fax

DECLARATION

I _____ (full name) declare that to the best of my knowledge the answers provided in this application form and any other information provided to the North Haven Hospice Society Inc. in support of my application is correct and I understand that if any false or deliberately misleading information is given, or any material suppressed, I will not be accepted, or, if I am employed, my employment may be terminated. I also understand that any false information given in relation to my medical history with regard to gradual process, disease or infection can result in my loss of entitlement to any accident compensation.

Signature _____

Date _____