

P.O. Box 11220, Papamoa Beach, Tauranga  
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Email: receptionpap@slbop.co.nz  
Attention : Recruitment Team



Supported  
Individualised  
Lifestyle  
Choices

## Application for Employment

Attached is an application form for employment which you are requested to personally complete in full. Failure to complete this form fully, will result in your application being returned for completion and will delay your application process.

It is desirable to attach a copy of your CV to this application form.

The application form is a source of information which will be used by the Company to assist it in considering your suitability for the position which you are applying. If successful, such information shall form part of the Company's personnel records. Failure to supply the information requested would prejudice the Company's ability to assess your suitability for the position.

You may be requested to provide a pre-employment medical, if so any offer of employment is made subject to your completing this to the Company's satisfaction.

You are entitled to access this information upon request to the Company's HR Manager.

Unsuccessful applications will be retained by the Company for a period of 12 months. The above information is provided in accordance with the Privacy Act 1993

If you are required to attend an interview please ensure you bring the following:

- Drivers Licence
- First Aide Certificate
- Proof of Qualifications listed on the application form and in your CV

**CONFIDENTIAL****To be completed personally by Applicant**

Date of Application \_\_\_\_\_

## Application for Employment

**Note:** The completion of this form does not indicate that there is any obligation on the Company to engage the applicant.

**Purpose:** This information is collected for the purpose of assessing your suitability for employment with SILC which may include subsequent changes in employment with the company.

Please Print Clearly:

**POSITION APPLIED FOR** \_\_\_\_\_

**Type of Employment**

Full Time (between 70-80 hours per fortnight)

Part Time (less than 70 hours per fortnight)

Casual (as and when required)

Fixed Term (employment is for an agreed period of time no longer than 6 months)

**YOUR NAME** How do you like to be addressed? \_\_\_\_\_

Family Name \_\_\_\_\_

Given Name/s \_\_\_\_\_

Are you known by any other name(s)? \_\_\_\_\_

Give details of other name(s) \_\_\_\_\_

**CONTACT DETAILS**

Contact Address \_\_\_\_\_

\_\_\_\_\_

Contact Phone Number(s) \_\_\_\_\_

\_\_\_\_\_

**AGE**

Have you reached the current school leaving age?

Yes/No

Have you qualified for National Superannuation?

Yes/No

**LEGAL WORK STATUS**

Are you legally entitled to work in New Zealand?

Yes/No

 As a NZ Citizen? A permanent resident? A holder of a current work permit or Visa? (please provide photocopy with application)

**EDUCATION**

(include university  
further education etc)

Name of Secondary School attended

\_\_\_\_\_

Qualifications gained and Education Institute qualifications gained from  
(school certificate, university entrance, NCEA, certificate, diploma, degree etc).

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EMPLOYMENT HISTORY**

For the purpose of the Privacy Act 1993 do you consent to the Company contacting your present or previous employer for the purpose of reference checking. Yes / No

**Current or most recent employer**

Company \_\_\_\_\_

Address \_\_\_\_\_

Position Held \_\_\_\_\_

Main Duties \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

No. of hours worked per week \_\_\_\_\_

Length of service \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

**Next most recent employer**

Company \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Job Held \_\_\_\_\_

Main Duties \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

No. of hours worked per week \_\_\_\_\_

Length of service \_\_\_\_\_

Reason for leaving \_\_\_\_\_

**Next most recent employer**

Company \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Job Held \_\_\_\_\_

Main Duties \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

No. of hours worked per week \_\_\_\_\_

Length of service \_\_\_\_\_

Reason for leaving \_\_\_\_\_

**Work Experience**

Have you ever worked for this Company or another organisation that provides support services to people with disabilities? Yes/No

If yes, give details \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have secondary employment? Yes/No

If yes, give details \_\_\_\_\_

\_\_\_\_\_

**REFEREES**

Give name, address and contact details of at least two referees who are not relatives or friends, preferably a current or previous manager or supervisor.

Name \_\_\_\_\_

Phone No.(s) \_\_\_\_\_

Email \_\_\_\_\_

Relationship \_\_\_\_\_

Name \_\_\_\_\_

Phone No.(s) \_\_\_\_\_

Email \_\_\_\_\_

Relationship \_\_\_\_\_

Name \_\_\_\_\_

Phone No.(s) \_\_\_\_\_

Email \_\_\_\_\_

Relationship \_\_\_\_\_

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**COMMENCEMENT** If your application was successful when could you commence employment? \_\_\_\_\_

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**GENERAL** Do you have a spouse, partner or relative working here or elsewhere in the same industry? Yes / No

Are you prepared to do all tasks as outlined in the job description for the role you are applying? Yes / No

If no, give details \_\_\_\_\_

**Rostered Shifts and Sleepovers**

Are you prepared to work rostered shifts?	Yes / No
Have you worked rostered shifts before?	Yes / No
Are you prepared to do sleepovers (sleeping at the home of the people you support)?	Yes / No
Have you worked sleepovers before?	Yes / No
Are you prepared to work alternate weekends?	Yes / No
Have you worked weekends before?	Yes / No

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**Criminal Convictions** Do you have any criminal convictions, not including any concealed under the Clean Slate Act (*Refer attached information sheet*) Yes / No

If yes, give details \_\_\_\_\_

Are you waiting the hearing of charges in a civil or criminal court of law? Yes / No

If yes, give details \_\_\_\_\_

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**First Aid** Do you hold a current First Aid Certificate? Yes / No

If no, you will be required to gain an appropriate First Aid qualification as a condition of your employment. This will need to be completed within the first six months of your employment.

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**Drivers Licence** Do you hold a current **FULL** New Zealand drivers licence? Yes / No

If yes, what class(s)? \_\_\_\_\_

Drivers Licence No. \_\_\_\_\_

Do you have any demerit points or endorsements? Yes / No

If yes, give details \_\_\_\_\_

Do you have any traffic offence proceedings pending? Yes / No

If yes, give details \_\_\_\_\_

**Important Note** → If you hold an **overseas drivers licence**, you must apply for and **obtain a full New Zealand drivers licence** before you will be offered employment with SILC.

Have you had experience driving:

Manual vehicles Yes / No

Automatic vehicles Yes / No

Mobility Vans Yes / No

Are you willing to drive any of the above vehicles as a part of your employment? Yes / No

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**Medical**

If you are offered employment the offer may be subject to your obtaining a full medical clearance following the completion of our pre-employment medical.

Do you agree to undergo a medical examination if requested? Yes / No

Have you ever had or do you currently have .....

Back Pain / Strain or Injury Yes No

OOS (or Repetitive Strain Injury) Yes No

Hearing Loss Yes No

Other Musculoskeletal problems Yes No

If you have answered **Yes** to any of the above or have/had any other medical condition caused by injury, a gradual process, disease or infection that may be aggravated or made worse by this job please provide further information:

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Have you claimed accident compensation in the last 12 months? Yes / No

If Yes, give details \_\_\_\_\_

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Do you have any health related issues (illness, disability, condition) that may impact on your ability to perform the tasks listed in the Job Description that you are applying for? Yes / No

If Yes, give details \_\_\_\_\_

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**Interests, Hobbies  
Sports, Clubs or  
Community  
Activities**

What are your interests and hobbies? \_\_\_\_\_

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What clubs or groups do you belong to? \_\_\_\_\_

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What other community interests do you have? \_\_\_\_\_

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**DECLARATION**

I \_\_\_\_\_ fully declare to the best of my knowledge the information supplied in this application and in any curriculum vitae provided is correct and I understand that if any false or deliberate misleading information is given, or any material fact suppressed, I will not be accepted, or if I am employed, my employment will be terminated. I also understand that any false information given in relation to my medical history with regards to gradual process, disease or infection can result in my loss of entitlement for any compensation from ACC. I further understand that any offer of employment may be subject to obtaining a full medical clearance through the Company's pre-employment medical.

Signed \_\_\_\_\_ Date \_\_\_\_\_

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**CONSENT**

I consent to the Company seeking verbal or written information on a confidential basis about me from representatives of my previous employers and/or referees and authorise the information sought to be released by them to the Company for the purposes of ascertaining my suitability for the position for which I am applying. I understand that the information received by the Company is supplied in confidence as evaluative material and will not be disclosed to me. Yes/No

Signed \_\_\_\_\_ Date \_\_\_\_\_