

Application for Employment

June 2017

An individual strand of silk is very fragile, and easily overlooked. However, when combined with other strands of silk, it gains strength and the material is able to be manufactured into a garment that can have great value and beauty. The silk thread mirrors what can be achieved in the lives of the people we support. ©

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.

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

You will also be asked to provide two forms of identification and to complete a NZ Police Vetting Services Request and Consent form. If you are from outside New Zealand or have been living abroad, you will also be asked to provide a police clearance from your country of previous residence. This will be at your expense.

You are entitled to access this information upon request to the company's Human Resources 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.

Along with your completed Application Form, please also provide copies of:

- ✓ Your **resume** (CV)
- ✓ A **covering letter**
- ✓ The completed **NZ Police Vetting Services Request and Consent form**
- ✓ The completed **Driver Check Consent form**
- ✓ A copy of your **Full NZ Driver Licence**
- ✓ A copy of either a **Birth Certificate** or **Passport** (further documentation may be required if these are not both in the same name eg a marriage certificate)

APPLICATION FOR EMPLOYMENT

CONFIDENTIAL – To be completed personally by Applicant

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.

Date of Application: _____

Position Applied For: _____

How Did You Hear About Us:

- Seek
- Trade Me
- Newspaper
- Referral (friend/family/Work & Income/other)

Type of Employment:

Ideally, how many hours per fortnight would you like to work? _____

Your Name:

Your preferred name: _____

Given Name/s: _____

Family Name: _____

Are you known by any other name/s? _____

Details of other names/s: _____

Contact Details:

Address: _____

Telephone Numbers: Mobile _____
Home _____
Work _____

Email Address: _____

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 a copy with your application)

Education:

Please indicate your highest level of qualification and provide details:

- School Certificate / Level 1 _____
- Sixth Form Certificate / Level 2 _____
- University Entrance / Level 3 _____
- NZQA Certificate in Health and Wellbeing
 - Level 2
 - Level 3
 - Level 4
- Other relevant Qualifications _____

Please provide a copy of your qualifications with your application.

Employment History:

Your current or most recent position

Company:	
Address:	
Position Held:	
Dates:	From: Month: Year: To: Month: Year:
Main Duties:	
Hours Worked:	
Reasons for Leaving?	

Your next most recent position

Company:	
Address:	
Position Held:	
Dates:	From: Month: Year: To: Month: Year:
Main Duties:	
Hours Worked:	
Reasons for Leaving?	

Your next most recent position

Company:	
Address:	
Position Held:	
Dates:	From: Month: Year: To: Month: Year:
Main Duties:	
Hours Worked:	
Reasons for Leaving?	

Work Experience:

Have you ever worked for SILC or another organisation that provides support services to people with disabilities?	Yes / No
If yes, who did you work for?	
Please outline the areas you have experience in supporting people.	
Have you supported people with medication before?	Yes / No
Did you have any concerns doing this?	Yes / No
If yes, what type of system did you use? (eg blister packs or medirolls)	
Do you have experience in other relevant areas such as caregiving or social services?	Yes / No
If yes, please outline your experience below.	

Secondary Employment:

Do you have secondary employment?	Yes / No
If yes, please provide details.	

Referees from your most recent Managers:

Name _____

Organisation _____

Phone/s _____

Email _____

Relationship _____

Name _____
 Organisation _____
 Phone/s _____
 Email _____
 Relationship _____

Commencement:

If your application was successful when could you commence employment?

General:

Do you have a spouse, partner or relative working here or elsewhere in the same industry?	Yes / No
If yes, please provide details.	

Are you prepared to do all tasks as outlined in the job description for the role you are applying for?	Yes / No
If no, please provide details.	

Supporting people to access their community is an important part of the support we provide. Are you prepared to support people to the following?

Church or place of worship	Yes / No
Swimming (including being in the pool with the person you are supporting)	Yes / No
Bars or Clubs	Yes / No

Are there community activities you can think of that you would not be prepared to support someone to participate in?

Some people we support require assistance with activities such as; having a shower, cleaning their teeth and using the toilet. Do you have any concerns with assisting a person in these areas?

If you have any concerns please details them below so that they can be discussed, should you be offered an interview.

Other Skills:

Do you have any experience in writing clear, brief and detailed reports? Yes / No

Would you have any difficulties with these tasks? If so, please note below so that this can be discussed at interview.

What computer skills do you have and what programmes are you comfortable using?

This role involves using our intranet. Are you comfortable using the internet?

Yes / No

Rostered Shifts and Sleepovers:

PLEASE NOTE: All staff are expected to do sleepovers, work every second weekend and rostered shifts.

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

Criminal Convictions:

Do you have any criminal convictions (including those covered under

The Clean Slate Act? Yes / No

If yes, please provide details

First Aid:

Do you have 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.

Driver License:

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

If yes, what class(es)? _____

Drivers Licence No.

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

If yes, please give details _____

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

If yes, please 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 (this includes manuals)? Yes / No

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, gradual process, disease or infection that may be aggravated or made worse by this job please provide further information:

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

If yes, please provide details _____

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, please provide details _____

The role of a support worker requires a high level of physical fitness as you will be required to support people in a variety of activities. This may include, but is not limited to; supporting people to move and transfer, walking for long periods etc. Do you have any concerns regarding the physical demands of the role?

Yes / No

If so, please note these so they can be discussed at the interview.

Smokefree:

As of the 31st of October 2015 SILC became a Smokefree organisation. This means that employees are not permitted to smoke while they are on shift or representing the company in anyway. Do you have any concerns about this?

Yes / No

If yes, please detail them below so they can be discussed at interview.

Interests and Hobbies:

What are your interests and hobbies?

What clubs or groups do you belong to?

What other community interests do you have?

Declaration:

I, _____ full 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 deliberately 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 _____

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 _____