



**WAIAPU ANGLICAN SOCIAL SERVICES TRUST BOARD
MANAGEMENT AND ADMINISTRATION MANUAL**

CONFIDENTIAL : APPLICATION FOR EMPLOYMENT

Kia ora, welcome and thank you for your interest in a role with our organisation. This application enables us to collect information for the purpose of assisting us in determining your suitability for employment. The information you provide will be collected and held by Waiapu Anglican Social Services, the Anglican Centre staff and the Manager/Co-ordinator of the service in which you are applying.

You have a right of access to personal information and to seek correction you believe is necessary for accuracy.

Attached is an application for employment form which you are requested to complete, personally. The application form is a source of information which will be used by the Employer to assist us when considering your suitability for the position for 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.

You are entitled to have access to this information upon request to the Chief Executive Officer, who is the organisational Privacy Officer.

Your information is currently held at your service, and some information is held at:
Waiapu Anglican Social Services Trust Board
Cnr Raffles and Bower Streets
P O Box 227
Napier

Information relating to unsuccessful applicants shall be retained for a period of not more than 12 months.

The above information is provided in accordance with the Privacy Act 1993.



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MANAGEMENT AND ADMINISTRATION MANUAL**

APPLICATION FOR EMPLOYMENT FORM

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

PURPOSE

This information is collected for the purpose of assessing your suitability for employment with Anglican Care.

Do you consent to us retaining the information provided on this application for the purposes of considering your suitability for any other position which may arise with us in the future?

Yes/No (*please circle*)

Please Print in Block Letters

POSITION APPLIED FOR:

YOUR NAME:

Mr Mrs Miss Ms

Surname:

First name:

Preferred name:

Know by any other names:

Give details:

CONTACT DETAILS:

Home address:

Number and street:

Suburb and town:

Postal address:

TELEPHONE:

Home number:

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Work number:

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Cell number:

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**WAIAPU ANGLICAN SOCIAL SERVICES TRUST BOARD
MANAGEMENT AND ADMINISTRATION MANUAL**

EMERGENCY CONTACT PERSON: Details of person you would like us to notify in an emergency situation

Name: _____

Phone number: () _____

Cellphone number: () _____

RESIDENT STATUS:

Are you a citizen of NZ? Yes No

If no, do you have the right of permanent residence? Yes No

If no, do you have a work permit (production of a passport is required for verification)? Yes No

EDUCATION:

Name of secondary school attended _____

From: _____ To: _____

Name of secondary school attended _____

From: _____ To: _____

Name of other education institutions (including University) attended: _____

From: _____ To: _____

Name of other education institutions (including University) attended: _____

From: _____ To: _____



**WAIAPU ANGLICAN SOCIAL SERVICES TRUST BOARD
MANAGEMENT AND ADMINISTRATION MANUAL**

QUALIFICATIONS: Please note including School Certificate, University Entrance and the subjects:

Qualifications:

Other Qualifications:

LANGUAGES:

Can you speak any language other than English? Yes No

If yes, what language?

QUALIFICATIONS: What qualifications/certificates/licences/or courses do you have relevant to your duties the position applied for?

Details:

SKILLS: What skills do you have relevant to your duties for the position applied for?

Details:

COMPUTER SKILLS: What skills do you have relevant to your duties for the position applied for?

Details:



**WAIAPU ANGLICAN SOCIAL SERVICES TRUST BOARD
MANAGEMENT AND ADMINISTRATION MANUAL**

EMPLOYMENT HISTORY: Present or most recent employer

From: _____ To: _____

Company/Organisation: _____

Address: _____

Job held: _____

Main duties: _____

Number of hours worked: _____

Reason for leaving: _____

EMPLOYMENT HISTORY: Next most recent employer

From: _____ To: _____

Company/Organisation: _____

Address: _____

Job held: _____

Main duties: _____

Number of hours worked: _____

Reason for leaving: _____

EMPLOYMENT HISTORY: Next most recent employer

From: _____ To: _____

Company/Organisation: _____

Address: _____

Job held: _____

Main duties: _____

Number of hours worked: _____

Reason for leaving: _____



WAIAPU ANGLICAN SOCIAL SERVICES TRUST BOARD
MANAGEMENT AND ADMINISTRATION MANUAL

Give details of any other job which may be relevant:

Have you ever worked for us before? Yes No

If yes, where/when and in what role?

Do you have secondary employment? Yes No

If yes, please give details:

Where do you think your main talents lie?

REFEREES: Give name, address and telephone numbers of at least two referees. (Preferably from where you have worked).

Referee one:

Referee two:

If your application is accepted when could you commence employment?

I consent to WASSTB CEO on behalf of ... seeking verbal or written information about me from representatives of my previous employers and/or referees and authorise the information sought to be released.

Yes No

If yes,(please sign) Date:



**WAIAPU ANGLICAN SOCIAL SERVICES TRUST BOARD
MANAGEMENT AND ADMINISTRATION MANUAL**

GENERAL:

Are you prepared to work shifts if required to do so? Yes No

Are you prepared to work overtime if required? Yes No

Are you prepared to work weekends if required? Yes No

Subject to the provision of the Criminal Records (Clean Slate) Act 2004: -Are you awaiting the hearing of charges in a civil or criminal court of law on charges that may affect your application for this position? Yes No

Have you ever been convicted of a charge in a court of law that may be viewed by us as having an effect on your application for this position? Yes No

DRIVERS LICENCE:

Do you have a current driver's licence? Yes No

If yes, what class/es?? Class/es _____

Driver's Licence Number _____

Do you have any demerit points or endorsements? Yes No

If yes, please detail _____

What transport arrangements do you have to attend your place of employment? _____

HOBBIES/INTERESTS:

What are your interests/hobbies/sports/clubs & community activities? _____



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MANAGEMENT AND ADMINISTRATION MANUAL**

DECLARATION:

I, *(Full Name)* declare that to the best of my knowledge the information supplied in this application and in any curriculum vitae and/or resume 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 for employment with the Waiapu Anglican Social Services Trust Board or if I am employed, my employment will be terminated. I also understand that any false information given in relation to my medical details and/or medical history may result in my loss of entitlement for any compensation from ACC. I understand that as part of my application for this position I am to complete the Request for Personal Information Form attached to this Application for Employment Form.

SIGNATURE OF WITNESS:

_____ *(Applicant's Signature)*

_____ *(Print or type Applicant's Name)*

SIGNATURE OF WITNESS:

_____ *(Witness Signature)*

Occupation of Witness: _____

Town/City of Witness: _____

Date: _____



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MANAGEMENT AND ADMINISTRATION MANUAL**

OFFICE USE ONLY:

Interview's comments:

SIGNATURE: _____ DATE: _____

Reference checks completed: YES NO

Comments:
