**APPLICATION FOR EMPLOYMENT**

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*Any version printed is to be considered uncontrolled and may not be up to date.*

**Position(s) applied for Title**

**Department(s)**  (Optional)

**Name**

 First Names (Please underline your preferred name) Family Name

**Address Phone ( )**

 **( )**

**Email:**

**Are you a New Zealand citizen?** Yes No

* **If you are not a NZ citizen, are you legally allowed to work in NZ?** Yes No
* **What type of visa do you currently have and expirey date? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Have you ever been charged with a criminal offence or had professional** Yes No

**disciplinary action taken against you?**

(If yes, you may wish to attach details of the offence/action, including when it occurred and its severity)

A Police check will be obtained for all new employees, employment is conditional on a satisfactory criminal record check.

Do you suffer from an illness/disability which could be aggravated by the job you have applied for? Yes No

Are you on medication which could affect your performance in the job? Yes No

Have you had an injury or medical condition eg; sensitivity to chemicals, repetitive strain injury -

which the tasks of this job may aggravate? Yes No

Please name two people who we can contact for comment on your suitability for this position.

**Name Name**

**Relationship Relationship**

**Address Address**

**Phone Phone**

# Email Email

**Declaration**

I declare that the information I have provided in my application for employment is true and complete to the best of my knowledge. I have read the Person Specification and Job Description and my fitness, health, abilities and commitments are

such that I can meet all requirements of the job as I understand it. I understand that if any false or misleading information is given in my application or subsequent interview(s), or if any material fact is withheld, my application may be disqualified, or if appointed, I may be subject to instant dismissal.

Your signature Date

**Please return your completed application form and any supporting material to the contact person stated in the job advertisement.**

**If you have not included a curriculum vitae in your application, please complete the details below. If the**

**space provided is not adequate, please continue on a separate sheet of paper.**

**Work History**

Present and past or unpaid work including all positions held with Waitaki District Health Services Limited or its predecessors. Begin with the most recent and please state the month and year for dates.

**Position Held/Experience From To Employer**

Duties and Responsibilities:

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Please give your surname if different at any time during previous

employment with Waitaki District Health Services Limited or its

predecessors.

**Qualifications and Training**

List any certificates, courses, licences or professional qualifications that indicate your suitability for the role outlined in the Job Description. Begin with the most recently completed/obtained and please state the month and year for dates.

 **Hours per**

**Qualifications or Course From week Where obtained**

**Personal Statement**

Please briefly describe the personal strengths, qualities, skill and knowledge you can bring to the position applied for.

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