 WAITAKI DISTRICT HEALTH SERVICES LTD.

**APPLICATION FOR EMPLOYMENT**

Position(s) applied for: ­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Where did you first learn of this vacancy? (e.g. Seek) ­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First Name/s: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred / Alias Name (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Middle Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Address : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone (mobile): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone (other): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Driver Licence Number (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Right to Work in New Zealand**

1. To be able to work legally in New Zealand you must be either a New Zealand or Australian Citizen, a New Zealand Permanent Resident or hold a valid New Zealand Work Visa. Please visit <http://www.immigration.govt.nz> for more information on the right to work in New Zealand.

Please tick which of the below applies to you:

* I am a citizen of New Zealand or Australia.
* I am a New Zealand Permanent Resident.
* I have applied for residency under the 2021 Residence Visa programme.
* I hold a valid New Zealand work visa.
* I am not eligible to work in New Zealand and require support from my employer to apply for an eligible work visa.

If you hold a work visa, please provide details, including any conditions on your visa:

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| --- | --- | --- |
| Type of Visa (e.g. Essential Skills) | Expiry date: | Conditions |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**Criminal Convictions Declaration**

Do you have any criminal convictions not covered under Section 7 of the Criminal Records (Clean Slate) Act 2004?

Yes  No

**Professional Misconduct Declaration**

Have you had professional disciplinary action taken against you? Yes  No

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

**Health**

1. Do you suffer from an illness/disability which could be aggravated by the job you have applied for?

Yes  No

1. Vaccination Status:

I am fully vaccinated for Covid-19 including a booster dose (if eligible). Yes  No

Evidence will be required prior to an offer of employment.

**References**

Please provide referee contact information for two managers from a previous employer who we can contact for comment on your suitability for this position, if not already provided on your C.V. These referees will not be contacted without your permission.

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| --- | --- | --- | --- |
| **Referee 1** |  | **Referee 2** |  |
| Name |  | Name |  |
| Relationship |  | Relationship |  |
| Address |  | Address |  |
| Work Phone |  | Work 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 Job Description and my abilities, and commitments, health and fitness 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, my employment with Waitaki District Health Services may be terminated.

Your signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***WDHSL is an Equal Opportunities Employer and supports an inclusive and diverse workplace for all staff.***

*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 provide this information on page 3. 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**

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**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.

**Qualifications or Course Month Year Where obtained**

|  |  |  |  |
| --- | --- | --- | --- |
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**Personal Statement**

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

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