

**Employment Application Form**

Please complete and forward to Whirinaki Whare Taonga PO Box 540594, or 836 Fergusson Drive, Upper Hutt together with your CV and a covering letter in support of your application. You can also forward to us electronically at info@whirinakiarts.org.nz

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| confidentiality and privacyThis information is collected for the purpose of assessing your suitability for employment with Whirinaki Whare Taonga. If your application is successful this form will be retained on your personal file. If unsuccessful, your application will be retained for 3 months (for Privacy Act purposes). Please provide a stamped, self addressed envelope if you would like your hard copy CV returned. We will, however, retain a record of your name and address for statistical purposes and possible future contact.  |
| Position applied for: |  |
| how did you learn of this position? |  |
| your surname: |  | your firstname(s): |  |
| your address: |  | home phone: |  |
| work phone: |  |
| mobile phone: |  |
| can we contact you at work? (circle choice) | yes / no | other name(s) which you have been or are known by: |  |

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| educational/professional/trade qualifications and/or associationsPlease list most recent first |
| Qualification/membership | Date obtained/current | Institution/association |
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|  |  |  |
|  |  |  |
| drivers licence |
| Current drivers licence | YES/NO | Class of Licence |  |
| Please supply details of any endorsements, conditions and expiry dates listed on your drivers licence (see section 4b, 7, 8 and 9 on your licence) |  |

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| refereesPlease provide the names of two persons – preferably recent employers, from whom WHIRINAKI WHARE TAONGA may request confidential references. Please indicate (circle choice) if you are willing for us to contact your referees: **YES / NO / PLEASE CONTACT ME FIRST** |
| Name  |  | Name |  |
| Address |  | Address |  |
| Phone |  | Phone |  |
| Email |  | Email |  |
| Position |  | Position  |  |
| health and safety requirementsplease circle choices below.  |
| Do you currently have, or have you ever had a medical or health related condition caused by gradual process (i.e. injury overuse or repetitive activity), injury, illness or disability that could affect your ability to carry out the duties and responsibilities of the position applied for; or which could be aggravated or contributed to by the duties and responsibilities of the position applied for? | YES/NO |
| If YES please specify the health problems/disabilities |  |
| Have you ever lodged a claim for an occupational or work related injury or condition?  | YES/NO |
| If YES, please provide details including the condition/s for which claims were lodged and date of lodgement |  |
| If you have indicated a medical or health related condition that could affect your ability to carry out your job, please indicate whether you would be prepared to undergo a medical examination by a doctor nominated by Whirinaki Whare Taonga (at its expense) to determine your ability to perform your job prior to us making a decision about your application?  | YES/NO |
| If you are currently suffering, or have suffered in the past from injury or illness, are there any special services or facilities which we could provide to enable you to carry out the work duties safely?  | YES/NO |
| If YES please specify |  |
| CREDIT AND CRIMINAL CHECKS |
| If you are applying for a role which provides services to vulnerable people (including children, older people and people with special needs) you may be required to complete a Police Check form. For all other roles completion of a Ministry of Justice check form is required. A few roles may also require the completion of a credit check.If required, do you agree to a complete any form relating to either a Police check or a Ministry of Justice check and/or credit checks if required by Whirinaki Whare Taonga | YES/NO |

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| CRIMINAL CONVICTIONS |
| Do you have any criminal charges pending, or any criminal convictions, either in NZ or overseas? (If you are eligible under Section 7 of the Criminal Records (Clean Slate) Act 2004 you are deemed not to have a criminal record in New Zealand, and are not required to declare the convictions). Exclude minor vehicle offences.  | YES/NO |
| If YES please provide details |  |
| right to work in nzplease note that you will be required to provide evidence of your right to work in nz if you are offered employment. by providing this information you consent to relevant checks being made to confirm your identity, immigration status (if not a nz citizen) and/or nz citizenship (if a nz citizen). Please select one of the following choices |
| [ ]  | NZ citizen  |
| [ ]  | Permanent Resident  |
| [ ]  | Work visa holder (work permit) | Visa expiry date (if applicable) |  |
| [ ]  | Student visa holder | Visa expiry date (if applicable) |  |
| [ ]  | Other | Please state (if applicable) |  |
| [ ]  | None of the above |
| other information |
| Have you ever been employed by Whirinaki Whare Taonga | YES/NO |
| If YES please provide details |  |
| Do you have a spouse, partner, relative or household member working for Whirinaki Whare Taonga? | YES/NO |
| If YES please give the name of person and state relationship |  |
| Have you ever been dismissed from a previous role? | YES/NO |
| If YES please provide details |  |
| declaration |
| 1 | I am able to provide evidence as required to support the information provided in this application.  |
| 2 | I am aware that under the Privacy Act 1993, I have the right of access to personal information and to request a correction to it and/or to request that there be attached to it a statement supplied by me relating to the fact that I have requested a correction.  |
| 3 | I certify that to the best of my knowledge, the answers to the questions contained in this application form are correct. I understand that if false information is given, or any material fact suppressed, I may not be accepted for employment, or if I am employed, I may be instantly dismissed. I also understand that any false information given in the Health and Safety Section of this form may result in my loss of entitlement for any compensation from the Accident Compensation Corporation (ACC).  |
| **SIGNED:** |  |