

CONFIDENTIAL: To be completed personally by the Applicant

## Employment Application Form

**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 at Awhi Educare, which may include subsequent changes in employment with the Company.

<b>Position Applied for</b>	
<b>How did you find out about this position?</b>	

CONTACT DETAILS			
<b>Title</b>		<b>Family Name</b>	
<b>Given Names</b>		<b>Are you known by any other name(s)?</b>	
<b>Contact Address</b>			
<b>Home Phone Number</b>		<b>Other Phone Numbers</b>	
<b>E-mail Address</b>			
<b>Have you ever worked for The Company before?</b>		<b>Yes</b>	<b>No</b>
<b>If yes, when?</b>			

LEGAL WORK STATUS			
<b>Are you legally entitled to work in New Zealand?</b>		<b>Yes</b>	<b>No</b>
<b>DOB:</b>			
<b>Are you a New Zealand citizen/permanent resident?</b>		<b>Yes</b>	<b>No</b>
<b>If you are a holder of a current work permit, what date is it valid to? Please attach a copy</b>			

LANGUAGES	
<b>Can you hold an every day conversation in any language other than English? If so, please detail?</b>	

EDUCATION/QUALIFICATIONS
<b>Please provide details of educational background and qualifications held</b>

**IT SKILLS**

Please tick which of these services you are confident and competent in using:

Browser Services i.e Looking up URL's		Print Management	
Email, Calendar (Outlook)		File Management, folders etc	
<b>Microsoft Office</b>	Word	Excel	PowerPoint

**EMPLOYMENT HISTORY****PRESENT OR MOST RECENT EMPLOYER**

<b>Name of Company</b>			
<b>Address</b>			
<b>Position Held</b>			
<b>Main Duties</b>			
<b>Hours Worked per week</b>		<b>Length of Service</b>	
<b>Reason for Leaving</b>			
<b>For the purposes of compliance with the Privacy Act 1993 do you consent to The Company contacting your present or most recent employer for the purposes of reference checking?</b>		<b>Yes</b>	<b>No</b>

**NEXT MOST RECENT EMPLOYER**

<b>Name of Company</b>			
<b>Address</b>			
<b>Position Held</b>			
<b>Main Duties</b>			
<b>Hours Worked per week</b>		<b>Length of Service</b>	
<b>Reason for Leaving</b>			

**NEXT MOST RECENT EMPLOYER**

<b>Name of Company</b>			
<b>Address</b>			
<b>Position Held</b>			
<b>Main Duties</b>			
<b>Hours Worked per week</b>		<b>Length of Service</b>	
<b>Reason for Leaving</b>			

**MEDICAL**

<b>Do you agree to undergo a medical examination if required?</b>		<b>Yes</b>	<b>No</b>
<b>Do you consent to any drug testing if required?</b>		<b>Yes</b>	<b>No</b>
<b>Do you have or have you had an injury or medical condition that might impact on your ability to fulfil the role that you are applying for?</b>		<b>Yes</b>	<b>No</b>

<b>If yes, please detail</b>	
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**REFEREES**

Please provide details of at least two referees.

<b>Name of Referee</b>			
<b>Position</b>		<b>Phone Number</b>	
<b>Address</b>			

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<b>Position</b>		<b>Phone Number</b>	
<b>Address</b>			

I, .....(Applicant's full name), 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.

<b>Signature of Applicant</b>		<b>Date</b>	
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**GENERAL**

<b>Are you prepared to work out of usual hours if required?</b>		<b>Yes</b>		<b>No</b>
<b>Are you prepared to handle all products, materials, or equipment used in the industry?</b>		<b>Yes</b>		<b>No</b>
<b>You may be required to drive a vehicle as part of your employment do you have a current clean drivers licence?</b>		<b>Yes</b>		<b>No</b>
<b>Do you have secondary employment?</b>		<b>Yes</b>		<b>No</b>
<b>If yes, please detail</b>				
<b>Do you have any criminal convictions, not including any concealed under the Criminal Records (Clean Slate) Act?</b>		<b>Yes</b>		<b>No</b>
<b>If yes, please detail</b>				
<b>If your application is successful, when could you commence employment?</b>				
<b>What is you NZ Teacher's Council Registration Number?</b>				

**DECLARATION**

I, .....(Applicant's full name), declare that to the best of my knowledge the information in this application and in any curriculum vitae enclosed is accurate, and I understand that if any false or misleading information is given, or any material suppressed, I will not be employed, 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.

<b>Signature of Applicant</b>		<b>Date</b>	
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**This application form and any other supporting documentation may be e-mailed to  
CONTACTS . . . .  
awhieducare@gmail.com**