# CHURTON PARK MEDICAL CARE

# Employment Application Form

**Position applied for**.........................................................

This information is collected for the purpose of assessing your suitability for employment at Churton Park Medical Care. If selected this information will be kept on file. It may be accessed and corrected by you, the employee. If your application is unsuccessful you may request the return of your application.

A Job Description outlining the key competencies and key result areas for this position, is available on request.

Please complete this Application for Employment and return it with a letter of introduction and brief Resume to support your application.

**Section 1: Personal Details**

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title Given Name Surname

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

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**Contact Details:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Numbers Email

**Position Applied for**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section 2: Employment in New Zealand**

Are you legally entitled to work in New Zealand? YES/NO

If you are legally entitled to work because you have a work permit, please indicate when that permit will expire **Expiry Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you been convicted of a criminal offence, or are you presently awaiting court proceedings for any criminal offences outside of the criteria in Section 7 of the Criminal Records (Clean Slate) Act 2004? YES/NO

If yes, please provide brief details.

Do you consent to undergoing a criminal record check? YES/NO

Have you ever been declared bankrupt or convicted on any charge of dishonesty? YES/NO

If Yes, please provide brief details.

Have you ever been declared bankrupt or convicted on any charge of dishonesty? YES/NO

If Yes, please provide brief details.

**Section 3: Criminal History**

**Section 4: Medical Conditions**

Do you have any conditions that would affect your ability to effectively carry out the tasks and responsibilities described in the position description? YES/NO

If Yes, please provide details (please include details of any services or facilities which we could provide to carry out this role satisfactorily):

**Section 5: Referees**

I hereby authorise Churton Park Medical Care to contact the following individuals to act as my referees for the purposes of my application for the above position; as required under section 29 of the Privacy Act 1993. YES/NO

Name: Name:

Current Position: Current Position:

Relationship: Relationship:

Company: Company:

Contact numbers: Contact numbers:

**Please Note:** You will be advised prior to us contacting your referees.

**Declaration and Acknowledgement**

This information is being collected to enable Churton Park Medical Care to assess your suitability for this position and will be used for this purpose only. If you fail or refuse to provide the information requested, then your application may be rejected. If you provide false or inaccurate information, this will be considered serious misconduct and may result in instant dismissal should you be employed by us. Please also note that any false information given in Section 4, entitled Disabilities or Medical Conditions, may result in your loss of entitlement to compensation from ACC/health and disability insurance.

The Privacy Act 1993 provides you with the right to request access to and/or correct the personal information about you held by Churton Park Medical Care.

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (full name) declare that the information I have given, whether oral or in writing (including information provided in my curriculum vitae) is correct and I understand that if I have given false or misleading information or have knowingly omitted important information, I may be disqualified from further consideration or, if appointed, may be liable to dismissal.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_