



## APPLICATION FOR EMPLOYMENT

### CONFIDENTIAL

You should provide complete information for each question, unless otherwise advised, regardless of whether you consider it relevant to the position for which you have applied. Failure to complete this form in the manner required may result in your application being declined.

#### Collecting and holding personal information

The information you provide on this application for employment form will be collected and held by: Sport Whanganui

#### Purpose

This information is collected for the purpose of assessing your suitability for employment with Sport Whanganui (this may include subsequent changes in employment within the organisation).

If your application is successful, this form will be retained on your personal file. If unsuccessful it, along with your other application papers, will be destroyed after 1 month.

#### Your access to this information

You have a right of access to personal information and to seek any correction you think necessary to ensure accuracy. You are however advised that any request for evaluative/opinion-based material held on you will be declined.

### PERSONAL INFORMATION

(Please print)

First name(s):

Family name:

If you are known by any other names, please record here:

Residential address:

Email:

Contact telephone No(s):

What is your Iwi? (If applicable)

### EMPLOYMENT HISTORY

Are you a certified teacher, do you currently have a teacher registration? Yes: ☐ No: ☐

If yes, then when is it due for renewal? (date)

Please provide details of three previous employment positions. **Please ensure details are recorded below. (Start with the most recent position)**

Name of Employer:

Name of Manager/Supervisor/Team Leader

Address:

Contact phone number

Length of Service:

From: ..... To: .....

Position Held

Roles and responsibilities:

Reason for Leaving:

.....

Name of Employer:

Name of Manager/Supervisor/Team Leader

Address:

Contact phone number

Length of Service:

From: ..... To: .....

Position Held

Roles and responsibilities:

Reason for Leaving:

.....

Name of Employer:

Name of Manager/Supervisor/Team Leader

Address:

Contact phone number

Length of Service:

From: ..... To: .....

Position Held

Roles and responsibilities:

Reason for Leaving:

.....

## REFEREES

May we contact past and present employees identified above? Yes: ☐ No: ☐

Please state the details of referees you authorise us to contact to discuss your suitability for employment, preferably two work related referees and one personal referee

Name:

Contact details

Phone

Email

Occupation/Position held/ Roles and responsibilities:

Name:

Contact details

Phone

Email

Occupation/Position held/ Roles and responsibilities:

Name:

Contact details

Phone

Email

Occupation/Position held/ Roles and responsibilities:

## THIS POSITION

Please explain why you wish to apply for this position?

Please list the personal and professional attributes that you would bring to the position and the wider Sport Whangnaui Organisation.

## GENERAL

Have you at any time taken action against a current or former employer in order to resolve an employment dispute, including personal grievance action or other employment relationship problem. Yes: ☐ No: ☐

If yes please provide details.

Are you currently or have you ever been under investigation from the Teachers Council?

If yes please provide details.

Do you intend to engage in other paid or voluntary work whilst employed in this position? Yes: ☐ No: ☐

If yes please provide details.

Are you a member of a territorial force unit or volunteer fire brigade? Yes: ☐ No: ☐

If your application is accepted, when could you commence employment?

Do you have the legal right to work in New Zealand, either entitlement to permanent residence or a valid work permit? (Evidence will be required if you are interviewed for the position.) Yes: ☐ No: ☐

## DRIVING HISTORY

Do you have a current drivers licence?    None:☐    Learners:☐    Restricted:☐    Full:☐    HT:☐    Motorcycle ☐

Can drive a manual vehicle?    Yes:☐    No:☐

Licence No:

Have you ever been disqualified from driving?    Yes:☐    No:☐

If yes please provide details:

Are you awaiting any charges which may result in the issue of demerit points or loss of licence?    Yes:☐    No:☐

If yes please provide details:

## CRIMINAL CONVICTIONS

Have you ever been charged with or convicted in a court in NZ or any other country?    Yes:☐    No:☐

Are there any charges against you yet to be heard?    Yes:☐    No:☐

*Note: you are not required to disclose any charges or convictions that are eligible to be suppressed under the Criminal Records (Clean Slate) Act 2004.*

If yes, further information relevant to potential employment may be sought at any subsequent interview.

***As required under the Vulnerable Childrens Act 2017, you will be required to complete a satisfactory Police Vetting check prior to employment commencing.***

## HEALTH AND WELLBEING

Do you have any injury or ailment which may affect your ability to carry out the functions, responsibilities, regular attendance, or the health and safety of yourself or others in the position applied for?    Yes:☐    No:☐

If yes, please specify:

Are you taking any prescribed drugs or medicine?    Yes:☐    No:☐

If yes please specify:

Do you have a current first aid certificate?    Yes:☐    No:☐

If yes please name the training provider and certification expiry:

Do you have any special needs / personal circumstances which you feel it would be relevant for Sport Whanganui to know?    Yes:☐    No:☐

If yes please provide details:

How many days absence in your last 12 months of employment were stated by you or a medical practitioner to be due to sickness, injury and/or accident?

0-2    3-5    6-10    11-15    16-20    Over 20 days

## ADDITIONAL INFORMATION

Do you have any additional information you consider relevant to the organisation's decision-making concerning hiring you for this position, for example, achievements, interests, aspirations, one-off commitments (e.g. for which you will require leave) or other background information pertinent to this position etc. If so, please list below or attach such information to this application form.

## DECLARATION

I, ..... (full name) declare that to the best of my knowledge, the answers to the questions in this application are correct. I understand that if any false information is given, or any material fact suppressed, I may not be accepted for employment, or if I am employed, I may be dismissed.

Signature:

Date: