



LAURA FERGUSSON TRUST
(Canterbury)

EMPLOYMENT APPLICATION FORM

Attached is an Application for Employment Form that you are requested to personally complete.

The Application Form is a source of information that will be used by this business to consider your suitability for the position for which you are applying. If successful, such information will form part of our personnel records. Failure to supply the information requested would prejudice our ability to assess your suitability for the position.

In accordance with The Privacy Act 1993, you are entitled to access this information upon request to this company's Privacy Officer where the information is held.

This location is currently:

We would like to keep your application form and C.V. as part of our records.

If you agree please sign where indicated. If you choose not to sign, and your application is unsuccessful your application form and C.V. shall be destroyed by the company. The above information is provided in accordance with the Privacy Act 1993.

NAME: _____

SIGNED: _____ DATED: ___/___/___

Date of Application _____

Note: The completion of this form does not indicate that there is any obligation on this Practice to engage the applicant.

PURPOSE

This information is collected for the purpose of assessing your suitability for employment at: _____ which may include subsequent changes in employment with the company. We wish to retain the information on file.

Permission granted / not granted. **(Strike one)**

Please Print

Position applied for: _____

Your Name: (In block letters) Mr / Mrs / Miss

Surname: _____

Given Names (underline name used): _____

Your Home: Number & Street: _____

Address & Suburb & Town: _____

Telephone Home Phone No: _____

Work Phone No: _____

Mobile phone (if applicable): _____

Details: Place of Birth: _____

Town

Country

Status: Are you a citizen of New Zealand? Yes/No

If yes, can you produce evidence if required? Yes/No

If no, do you have the right of permanent residence? Yes/No

If yes, can you produce evidence if required? Yes/No

If no, do you have a work permit (production of a passport is required for verification)? Yes/No

If yes, can you produce evidence if required? Yes/No

Are you an assisted immigrant under bond to the Government or any other employer? Yes/No

If yes, please detail: _____

What transport arrangements do you have to attend your place of employment?

What are your interest/hobbies/sports/clubs or community activities?

MEDICAL

Do you smoke? Yes/No

Do you agree to undergo a medical examination if required? Yes/No

Are you allergic to, or have any sensitivity to any substances or chemicals? Yes/No

Do you require corrective lenses or contact lenses? Yes/No

Have you ever suffered from a back injury requiring time off work? Yes/No

If yes, please detail: _____

Have you claimed accident compensation in the last 12 months? (Give details)

State any serious injury or illness you have suffered that may affect your ability to effectively carry out the functions and responsibilities of the position applied for:

Do you have any other known condition, which may affect your ability to effectively carry out the functions and responsibilities of the position applied for? Yes/No

If yes, please detail: _____

Do you have any other known condition, which might put our staff or customers at risk? Yes/No

If yes, please detail: _____

In your past employment have you been exposed to:

- * Noise Yes / No
- * Asbestos Yes / No
- * Heavy metals Yes / No
- * Solvents Yes / No
- * Skin irritants Yes / No
- * Infectious material Yes / No

If yes, please detail: _____

Has your work ever been affected by stress or mental health problems (e.g., depression, anxiety)? Yes/No

If Yes, please explain: _____

Have you ever suffered from long-standing fatigue or tiredness?
Yes/No

If Yes, please explain: _____

Have you ever had problems at work arising from personality clashes, your attitudes or
behaviour, or conflicts with another staff member? Yes/No

If Yes, please explain: _____

Has your use of alcohol and/or drugs ever affected your work performance?
Yes/No

If Yes, please explain: _____

Have you ever had difficulties coping with change or other stressful events in the
workplace? Yes/No

If Yes, please explain: _____

Have you ever needed to take more than your sick-leave allocation?
Yes/No

If Yes, please explain: _____

Agreement to undertake certain tasks as part of the job interview:

I agree and accept that by undertaking certain tasks appointed by The Laura Fergusson Trust that it does not constitute a job offer or the commencement of employment and I hereby accept that this is part of the job interview.

Signed by Applicant

Do you consent to the Laura Fergusson Trust retaining the information contained in this application form for the purposes of considering your suitability for any other position, which may arise with this Organisation in the future? Yes/No

DECLARATION:

'I declare:

- 1. That my answers [in this application] are true and not misleading; and**
- 2. That there is no further relevant information that I have not told you about.**

I ACKNOWLEDGE:

- 1. That if you employ me you are relying on the truth and completeness of my answers; and therefore**
- 2. That if I have not answered truthfully and completely, you may terminate my employment immediately and without notice.**

I UNDERSTAND:

That false or incomplete answers relating to my medical history could mean that I cannot receive any ACC compensation.'

Signed by Applicant

Date: