



APPLICATION FOR EMPLOYMENT FORM

INSTRUCTIONS

Please complete all sections of this form, answering all questions. In addition to this form, applicants are asked to provide an application letter and a curriculum vitae.

If you are offered this position, you will be required to provide either original or certified copies of your qualifications. We also require proof of eligibility to work in New Zealand.

VACANCY DETAILS

Position Applied For: _____

Position Number: _____

PERSONAL DETAILS

First Name(s): _____

Surname: _____

Preferred Name: _____

Address: _____

Phone Numbers: _____

Day

Cell Phone

Other/email

Have you ever been employed by Whitireia? _____

If yes, when _____

ELIGIBILITY TO WORK IN NEW ZEALAND

Are you a New Zealand or Australian citizen? _____

If No: _____

Do you have permanent residency in New Zealand? or _____

Do you have a valid work permit? _____

(if applicable please provide a copy of permanent residency or work visa)

End Date _____

CRIMINAL CONVICTIONS

Note: Criminal records concealed under the Criminal Records (Clean Slate) Act 2004 are not part of the convictions check by Whitireia New Zealand. If you have convictions and you are unsure as to whether they maybe concealed under the Act 2004, further information maybe obtained from the Ministry of Justice. <http://www.justice.govt.nz/privacy/clean-slate.html>

Have you ever been convicted of any criminal offence, and/or are you awaiting the hearing of charges in a court of law? (Note: a false declaration about prior convictions or pending prosecutions will invalidate your application.) _____

If applicable, please provide brief details below except for those cases where our asking you would, breach the Criminal Records (Clean Slate) Act 2004 below.

MEDICAL

Have you had an injury or medical condition arising out of work that may be aggravated or further contributed to by the function and responsibilities of this position? (Note: this information is required to assist us in meeting our obligations to provide a safe workplace for staff. Declaration of a medical condition will not rule you out of consideration.) _____

If yes, please detail below:

Do you agree to undergo a medical examination (at our expense) if required? _____

Have you ever claimed accident compensation? _____

If yes, please detail below (including whether it was for a work or non-work accident): _____

REFEREES

Please provide details of at least two work related referees (if you have not been employed someone who knows you well).

Name	Position/Relationship	Phone number	Email address

DECLARATION

I declare that to the best of my knowledge the information in this application, including my curriculum vitae and application letter, is correct.

I understand that if any false or misleading information is given, or any material fact is not disclosed, I may be disqualified from appointment or dismissed.

I also understand that any false information given in relation to my medical history may result in my loss of entitlement for any employment compensation.

I also give Whitireia New Zealand permission to seek verbal or written information about me from the named referees.

Signed: _____ **Date:** _____

This section will not form part of your application for the position and is voluntary, required for statistical purposes only.

EQUAL EMPLOYMENT OPPORTUNITY

Under the terms of the Education Amendment Act 1989 Whitireia New Zealand is required to supply statistical information to monitor Equal Employment Opportunities.

Which ethnic group do you belong to?

NZ European

NZ Maori

Samoan

Cook Island Maori

Niuean

Tongan

Tokelauan

Chinese

Indian

Other (please specify) _____

OTHER INFORMATION

Gender: (please select) _____

Age or Date of Birth: _____

How did you find out about this position? _____

COMPLETED APPLICATION

Please return completed application form with a cover letter and curriculum vitae to Whitireia New Zealand by:

email Recruitment@whitireia.ac.nz

or post Human Resources (Recruitment)
Whitireia New Zealand
Private Bag 50-910
Porirua City

or fax 04 237 3136