



APPLICATION FOR EMPLOYMENT

The answers and statements in this application for employment with Te Utuhiina Manaakitanga Trust form part of the contract of employment. It must be personally completed and signed by the applicant.

Position Applied For: (Please print)	
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Full time Part time Casual

Preferred Title:	Mr / Mrs / Miss / Dr (Please circle)	Male / Female (Please circle)
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Surname:		First Names:	
Country of Birth:		Date of Birth:	
Address:			
Home Phone:		Other Phone:	
Email Address:		Fax:	

Additional Personal Information	
1.	Are you a New Zealand citizen or do you have permanent residency? Yes <input type="checkbox"/> No <input type="checkbox"/>
2.	If answered 'No' to Question 1, do you have a work permit? (Please submit a copy with your application) Yes <input type="checkbox"/> No <input type="checkbox"/>



3. Date and Practicing / Trade Certificate Number:	
4. Curriculum Vitae Attached? Yes <input type="checkbox"/> No <input type="checkbox"/>	
5. Relevant Documents Attached? For example copies of supporting documents such as certificates, letters of commendation, etc. Yes <input type="checkbox"/> No <input type="checkbox"/>	

6. If Applicable:
<input type="checkbox"/> DAPAANZ Membership
<input type="checkbox"/> Annual Practicing
<input type="checkbox"/> N.Z.A.C Membership
<input type="checkbox"/> NZASW
<input type="checkbox"/> Other (please state):



8. Are you currently undertaking study or planning to study for any qualifications? (Please submit a copy with your application)

Yes

No

9. If 'Yes', please give brief details:

10. Are you willing and able to undertake training during your employment, if required?

Yes

No

Previous Employment

Your last five positions held are required. Show present to most recent position first (please ensure dates are accurate). Additional information of Curriculum Vitae may be attached to this form.

From Month/Year	To Month/Year	Employer	Position Held	Reason for Leaving



Referees	
11. Give the name, address and telephone numbers of three referees. (In line with the Privacy Act you will need to obtain the referee's permission before giving us their details)	
Referee 1	
Name:	
Address: (Postal or email)	
Relationship to referee: (e.g. employer, friend etc.)	
Contact Phone Number:	
Fax Number:	
Referee 2	
Name:	
Address: (Postal or email)	
Relationship to referee: (e.g. employer, friend etc.)	
Contact Phone Number:	
Fax Number:	
Referee 3	
Name:	
Address: (Postal or email)	
Relationship to referee: (e.g. employer, friend etc.)	
Contact Phone Number:	
Fax Number:	



Health

Describe your general state of health:

Do you have any health problems that will affect your ability to perform the duties of the position you are applying for?

Yes

No

If 'Yes', please give brief details:

OTHER RELEVANT INFORMATION

Do you hold a current full drivers' licence, valid for use in New Zealand.	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
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If yes, please state the class(es) of the drivers' licence you hold:



The following question relates to your credibility for employment in a Health organisation.

Have you any criminal convictions, or actions pending which could result in a criminal conviction in New Zealand or overseas and/or are you aware of any matters pending?

Yes No

If 'Yes', provide brief details in an envelope marked 'Confidential' and address to the Administration Manager.

Do you consent to TUMT undertaking a criminal record check?

Yes No

General Information

Do you have obligations or commitments that may interfere with your regular attendance at work or affect your work performance?

Yes No

If 'Yes', please explain briefly:

Have you been dismissed or have agreed to resign from a position?

Yes No

If 'Yes', please explain briefly:



Conditions that apply to Te Uthina Manaakitanga Trust

If your application is successful, you will be required to:

- Abide by the Trust’s policies and procedures
- Notify the organisation of any other employment you intend to undertake

Accept that employees may, with their agreement, be required to move from one service to another within their discipline, as is occasionally necessary or desirable. No employee will be disadvantaged in his or her employment due to any possible transfer. Before any transfer becomes permanent new conditions of employment will be mutually agreed.

Declaration

- I declare that the information I have given is correct and understand that any incorrect or misleading information may lead to disqualification, or if appointed, to termination of employment.
- I consent to the Company seeking verbal or written information about me from referees listed on this application form and authorise the information sought to be released to Te Uthina Manaakitanga Trust.

Signed: _____ **Dated:** _____

We are interested in how you found out about this position with Te Uthina Manaakitanga.

Please indicate and provide details:

<input type="checkbox"/>	Family/Whanau, friend, colleague	_____
<input type="checkbox"/>	Website	_____ _____
<input type="checkbox"/>	Newspapers	_____ _____
<input type="checkbox"/>	Other	_____ _____



Application Acknowledgement (Applicant to Complete)	
Your Name:	
Your Address:	
Position Applied for:	

To be completed by Human Resources
<p>Te Uthina Manaakitanga Trust acknowledges receipt of your application for employment for the position as listed above. The outcome of this application will be advised to you as soon as possible.</p> <p>Signed: _____ Dated: _____</p>

Completed application should be marked 'Confidential Application' and addressed to:

Administration Manager
Te Uthina Manaakitanga Trust
P O Box 1802
ROTORUA