

### APPLICATION FOR EMPLOYMENT

Please fill in this application and forward it together with a short CV and any other material you consider relevant, via email or post to the address below. This application and any other material you provide with it, is a source of information which will be used in considering your suitability for the position for which you are applying.

**PRIVACY STATEMENT**

The information provided by you will be treated in accord with the principles contained in the Privacy Act 1993. Accordingly, the information will be kept securely, and only authorised personnel will have access to it.

**Position applied for** \_\_\_\_\_

Are you able to work:

Full Time	Weekends	Night Shift
Part Time	Evenings	Statutory Holidays

**PERSONAL DETAILS**

Name \_\_\_\_\_

First Names	Family Name	Mr/Mrs/Miss/Ms
-------------	-------------	----------------

Preferred Name \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Ethnicity: NZ European / Maori / Samoan / Cook Island Maori / Tongan / Niuean / Chinese / Indian / Other (please specify) \_\_\_\_\_

Address \_\_\_\_\_

Phone (home) \_\_\_\_\_ (cellphone) \_\_\_\_\_

Email \_\_\_\_\_

Are you known by any other name? Yes  No

If yes, what other name(s) are you known by? \_\_\_\_\_

How did you hear about this vacancy? \_\_\_\_\_

-----

Approved by	Issue date	Next review
Manager	31 January 2022	31 January 2024

**ENTITLEMENT TO WORK**

Are you a New Zealand or Australian Citizen? Yes  No

If yes, which? \_\_\_\_\_

If no, are you legally entitled to work in New Zealand? Yes  No

Do you hold a visitor/student work permit covering the type of work applied for Yes  No

Do you hold a New Zealand Work Permit covering the type of work applied for. Yes  No

---

**We would appreciate it if your Curriculum Vitae clearly identified the following information:**

Education History

Qualifications

Employment History: including by position the organisation name, position held, main duties start and end date, reason for leaving

---

Have you ever been employed by McGlynn? Yes  No

If yes, in what capacity, and when \_\_\_\_\_

Is there any other aspect of your employment experience that you think is relevant to this position?

---

---

---

If offered this position, will you maintain any other employment or be voluntarily engaged in any position that may cause you to have a conflict of interest with McGlynn? Yes  No

If yes, please provide details

---

---

---

Approved by	Issue date	Next review
Manager	31 January 2022	31 January 2024

**REFEREES:** Give name, address and telephone numbers of at least two referees, where possible at least one of these referees should be able to provide work related information and have been your supervisor or senior in your current or most recent position.

*Referees will not be contacted prior to an interview taking place.*

**Referee 1**

Name:.....

Email:.....

Phone:.....

Address:.....

Relationship to you:.....

**Referee 2**

Name:.....

Email:.....

Phone:.....

Address:.....

Relationship to you:.....

**Referee 3**

Name:.....

Email:.....

Phone:.....

Address:.....

Relationship to you:.....

Do you object to enquiries being made of your past/present employers?      Yes  No

If yes, please explain –

---

---

Approved by	Issue date	Next review
Manager	31 January 2022	31 January 2024

**CONVICTIONS/LEGAL ACTION**

NOTE: You do not have to provide information relating to any previous convictions deleted from court records under the Clean Slate Legislation.

Do you have any criminal convictions not including any concealed under the Criminal Records (Clean Slate) Act? Yes  No

Details:

---

---

Have you been the subject of a Diversion ordered by the courts? Yes  No

Details:

---

---

Are you awaiting the hearing of charges in a civil or criminal court of law? Yes  No

Details:

---

---

Is there any other information that is relevant to disclose: Yes  No

As part of our employment process, all candidates for employment with McGlynn will undertake a full Police Check, and appointment is subject to a satisfactory outcome. Please add your signature after these questions if you consent to the Department of Courts or any other organisation releasing such information in support of the employment application.

Applicants Signature: \_\_\_\_\_

**MEDICAL HEALTH AND PHYSICAL PARTICULARS**

This role involves supporting people with disabilities and will require you to transfer or assist others. Do you have any back problems or other health issues that would prevent you transferring or assisting others? Yes  No

If yes, please detail

---

---

Approved by	Issue date	Next review
Manager	31 January 2022	31 January 2024

Are you at present receiving medical treatment and/or medication that may affect your ability to complete the job requirements?

Yes  No

If yes, please detail:

---

---

Have you had an injury or medical condition caused by gradual process, allergy, disease, or infection e.g., hearing loss, sensitivity to chemicals, repetitive strain injuries that may be aggravated or contributed to further by the tasks of the position applied for?

Yes  No

If yes, please detail:

---

---

Have you ever suffered from a back injury requiring time off work or that would affect your ability to effectively carry out the functions and responsibilities of the position applied for?

Yes  No

If you, please detail:

---

---

Have you claimed workers relating compensation in the last 12 months relating to the same tasks you would be performing if your application was accepted?

Yes  No

If yes, please detail:

---

---

Please 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 impairment condition, physical or mental, which may affect your ability to effectively carry out the functions and responsibilities of the position applied for?

Yes  No

Approved by	Issue date	Next review
Manager	31 January 2022	31 January 2024

If yes, please detail:

---



---

**Declaration**

I authorise the collection and release of such information about myself that is required to assess any entitlement that I may have to compensation, rehabilitation assistance or to facilitate treatment. This authority is valid for the period of employment or to any matter relating back to the employment period at a later date.

Do you agree to the company accessing your ACC file in order to assess any history of accident/injury claims which might affect your ability to perform the tasks associated with the position applied for due to manual handling?

Yes  No

If you have answered yes, please sign here to confirm your agreement.

Applicants Signature: \_\_\_\_\_

Do you agree to provide a copy of recent medication history from your GP or other medical professional if requested?

Yes  No

Applicants Signature: \_\_\_\_\_

**QUALIFICATIONS AND TRAINING**

Please list any certificates, courses, licences, or professional qualifications that indicate your suitability for the role outlined in the Job Description. Begin with the most recently completed/obtained and please state the month and year for dates. Where required you will be asked to produce original documents.

Qualification/Course	Dates	Where obtained

Approved by	Issue date	Next review
Manager	31 January 2022	31 January 2024


**Work History**

Please list present and past paid or voluntary work. Begin with the most recent and please state the month and year for dates.

<b>Position Held/Experience</b>	<b>From</b>	<b>To</b>	<b>Employer</b>
Duties and Responsibilities			
<b>Position Held/Experience</b>	<b>From</b>	<b>To</b>	<b>Employer</b>
Duties and Responsibilities			
<b>Position Held/Experience</b>	<b>From</b>	<b>To</b>	<b>Employer</b>
Duties and Responsibilities			

Approved by	Issue date	Next review
Manager	31 January 2022	31 January 2024

**General**

If your application is successful, when could you commence employment? \_\_\_\_\_

Please list any current responsibilities or commitments and the times involved that may prevent you devoting your full time and attention to working on a roster basis.

---

---

---

---

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

---

---

**Declaration**

I consent to McGlynn seeking verbal or written information about me on a confidential basis from my referees I have nominated and authorise the information requested to be released. I understand that the information will be supplied in confidence as evaluative material and will be kept private.

I declare the information I have provided in my application for employment is true and complete to the best of my knowledge. I have read the Person Specification and Job Description. My fitness, health, abilities, and commitments are such that I can meet all requirements of the job as I understand it. I understand that if I provide false, incomplete, or misleading information, or if I have omitted any important information, I may be disqualified from appointment, or if appointed it may be grounds for my employment to be terminated.

I hereby certify that all the information given orally and in writing by me for my application is to the best of my knowledge true, complete, and correct.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Approved by	Issue date	Next review
Manager	31 January 2022	31 January 2024



**OFFICE ONLY**

Application Accepted                      Yes                No   

Employment Agreement                      Permanent/As and When Needed                      *(cross out one)*

Hours per Week                      \_\_\_\_\_

Hourly Rate                      \$ \_\_\_\_\_

Start Date                      \_\_\_\_\_

House                      \_\_\_\_\_

Manager Signature                      \_\_\_\_\_                      Date                      \_\_\_\_\_

Approved by	Issue date	Next review
Manager	31 January 2022	31 January 2024