

F3.9.2: Application for Employment

The Methodist Mission
PO Box 2391
SOUTH DUNEDIN

Purpose

This information is collected for the purpose of assessing your suitability for employment at the Methodist Mission (the Dunedin Methodist Mission). Unsuccessful applications will not be returned, but will be destroyed one month after the position has been filled. PLEASE DO NOT ATTACH ORIGINAL COPIES OF CERTIFICATES OR OTHER IMPORTANT DOCUMENTS.

To be completed personally by the applicant (please print) and returned with a current curriculum vitae and covering letter to the above address.

Position

Position applied for _____ Date ___/___/___

Personal particulars

a) Preferred title Mr / Mrs / Ms / Miss / Other: _____

Surname: _____

First Names: _____

Address: _____

Tel: (day) _____ (evening) _____

Email: _____

b) Have you previously worked for the Methodist Mission? Yes/No

If Yes, where and when? _____

c) For the purpose of reporting relationships, do you have a spouse, partner, relative or household member working for the Methodist Mission? Yes/No

If Yes, who and where?
- _____

d) Do you have other employment? Yes/No

If Yes, please detail _____

Resident status

Are you a citizen of New Zealand or Australia Yes/No

If no, do you have a work permit Yes/No

Work Permit Number: _ _____ Expiry Date: _____

Languages

What languages do you speak/sign? _____

Why do you want this position?
Briefly state your reasons for seeking this position.

Education

List your main qualifications, examinations passed, courses completed, and any other education or courses you are currently completing. If you are successful, you will be required to produce original certificates.

- a) _____
- b) _____
- c) _____

Employment history

Start with present employer, then list previous employers in date order.

<i>Employer</i>	<i>Position</i>	<i>Period</i>	<i>Reason For Leaving</i>

Transport

Do you have a current driver's license? Yes/No

If Yes, please detail what you are licensed to drive _____
If successful you will be required to provide a photocopy of your driver's licence.

Referees

Give name, address and telephone number of at least two referees (preferably from your most recent employers).

<i>Name</i>	<i>Position</i>	<i>Address</i>	<i>Phone Number</i>

I consent to the Methodist Mission seeking verbal information about me from representatives of my previous employers and/or referees and I authorise the information sought to be released.

Signature: _____ Date ___/___/___

Medical

These questions are asked for the purpose of allowing the employee to identify any possible hazards in providing a safe place of work as required by the Health and Safety in Employment Act.

- a) Are you able to meet the physical requirements for the job as outlined in the job description?

Yes/No

If no, please state any previous injury or illness you have suffered that may affect your ability to effectively carry out the functions and physical requirements as outlined in the job description.

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

- c) Do you suffer from any allergies which would affect your work? Yes/No
If Yes, please outline below:

- d) Have you had an injury or medical condition caused by gradual process, stress, disease or infection arising out of work that may be aggravated or further contributed to by the tasks of this job?

Yes/No

If Yes, provide details:

General

- a) Subject to the provisions of CR (CS) Act 2004, have you ever been convicted for any offence against the law, or do you have any criminal charges pending (apart from minor parking matters)?

Yes/No

If Yes, please give details

(If you are the successful applicant, a Police Vetting Report will be required.)

- b) Do you agree that Child Youth and Family may provide the Mission with any information they hold that may relate to your suitability for this role (applies only for roles where you may have responsibility for children)?

Yes/No

c) Do you hold a current First Aid Certificate?

Yes/No

If you answered Yes to this question, please advise what Organisation this was attained through the expiry date.

d) Are you prepared to handle all products, materials or equipment used in this industry?

Yes/No

e) Are you prepared to work flexible hours?

Yes/No

f) Have you any previous experience in a similar position?

Yes/No

If Yes, number of years _____

Have you ever attended an approved training course applicable to this position? Yes/No

If Yes, provide details

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

Declaration

I _____ (full name), declare that to the best of my knowledge the answers in this application are correct. I understand that if any false or deliberately misleading information is given, or any material fact suppressed, I will not be accepted for employment, or if I am employed, my employment will be terminated. I also understand that any false information given in relation to my medical history with regards to gradual process, disease or infection can result in my loss of entitlement for any compensation for ACC. I further understand that any offer of employment made is conditional on my obtaining a satisfactory Police Vetting Certificate, and if requested a full medical clearance.

Signed: _____ Date: ____/ ____/ _____

Date of Last Revision:
Date of Next Review: