

Application for Employment

Date of Application _____

Note

Please forward this completed application form together with a copy of your Curriculum Vitae and/or introduction letter. The completion of this form does not indicate any obligation on Council to engage the applicant.

Purpose

In compliance with the Privacy Act the information given in this application is for the purpose of assessing your suitability for employment with Whangarei District Council (WDC). If you are successful, this material can also be used in the future for the purposes of transfer or promotion assessment. The form will be retained on your personal file for access by Human Resources and your Manager. If your application is unsuccessful it will be kept on file for 12 months and then destroyed.

[Please Print]

Position

Position applied for _____

How did you **first** learn of this vacancy? www.wdc.govt.nz www.seek.co.nz Whangarei Leader
 TradeMe Jobs Word of mouth

Employment Agency (*please specify*) _____

Other (*please specify*) _____

Your Name in Block Letters

Given names (*underline name used*) _____

Family name _____

Your Contact Details

Address _____

Telephone Number (*a/h*) _____

Telephone Number (*bus*) _____

Other Number (*if any*) _____

E-mail address _____



Education *(Including University, further education, etc where applicable)*

Qualifications

Do you have any other qualifications/ certificates/ licences or attended any courses *(give details)*

Skills

Please describe the skills you hold which are relevant to the position applied for *(e.g. for a typist - word processing capability, for Engineering- project management skills, for Policy research skills, for HR facilitation skills etc)*

Customer first

Customer Service, or Customer First, is an integral part of the way we do business. What customer first principles would you advocate for Council if you were successful in your application?

Employment History

Present or Most Recent Employer

Company _____

Address _____

Job Held _____

Main Duties _____

Dates of Employment _____

Reason for Leaving _____

For the purposes of compliance with the Privacy Act 1993 do you consent to WDC contacting your present employer for the purposes of reference checking? Yes No

Next Most Recent Employer

Company _____

Address _____

Job Held _____

Main Duties _____

Dates of Employment _____

Reason for Leaving _____

Full Licence Restricted Licence Learner Licence

Yes No Do you have any demerit points or endorsements? *(If yes, please provide details)*

Please note, Council will check the validity of your drivers licence through Driver Check (an internet site set up by Land Transport New Zealand)

Yes No Do you have any relatives, friends or members of your household already employed by WDC? *(If yes, please provide details)*

Name _____

Relationship _____

What are your interests/hobbies/sports/clubs or community activities

Yes No Have you ever worked for WDC before? *(If so, when)*

Yes No Do you have secondary employment? *(If yes, please provide details)*

Medical

The purpose of the following questions is to assist WDC to fulfil its legal and ethical responsibilities to prevent harm to our employees while at work. Dependent upon the range of tasks associated with the job, or reported medical conditions; you may be requested to undergo a further medical assessment. The purpose of which is to provide WDC with the additional information we require to assess your ability to carry out the job safely and without adversely affecting your health.

If you have any concerns or questions, please contact Human Resources, or the Health and Safety Co-ordinator.

1 Have you any ongoing health problems that may affect your ability to carry out the work you have applied for? *(If yes, how might WDC reasonably accommodate this health problem)?* Yes No

2 Have you had an injury or medical condition caused by gradual process, disease or infection, for example hearing loss, sensitivity to chemicals, repetitive strain injuries that may be aggravated or further contributed to by the tasks of this job. Please refer to the job description. *(If yes, please detail)* Yes No

If yes, how might WDC reasonably accommodate this illness/disability/ condition

3 Have you ever suffered from prolonged backache, back injury, or a slipped disc? Yes No

4 Are you on any medication that could affect your health and safety, affect your ability to carry out the work for which you have applied or affect your ability to get to/from work? *(If yes, please detail)* Yes No

If yes, how might WDC reasonably accommodate this illness/disability/ condition

- 5 Have you made any ACC or workplace accident insurance claim for disability (in the last 5 years) for a condition that might reoccur, or be aggravated by the work for which you have applied? Yes No
- 6 Do you consent to WDC requesting a report from the ACC, which will give a history of up to 5 years of your ACC claims? Yes No
- 7 If you are required to drive a company vehicle, do you suffer from any condition that could affect, or restrict, your ability to hold a driving licence? Yes No
- 8 In relation to the work, are there any special health/safety considerations you wish to note or discuss? *(If yes, please detail)* Yes No
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- 9 If required do you consent to undergo a medical examination to assess your fitness for the job to which you are applying? Yes No
- 10 If applicable to your role do you consent to biological & health monitoring in accordance with the Health and Safety in Employment Act 1992? Yes No
- 11 If applicable to your role, do you suffer from any allergy or asthma? Yes No
- 12 If applicable to your role, have you ever suffered from faints/fits, epilepsy, blackouts or giddiness? Yes No

Interview Arrangements

If you are invited to interview do you have a condition/disability/illness which requires special services or facilities? *(If yes, please detail)* Yes No

If you are invited to interview do you wish to bring a whanau or support group with you? *(this would be at your own cost)* Yes No

Declaration

I, *(full name)* _____

declare that to the best of my knowledge the answers in this application and in any other documents enclosed are correct and I understand that if any false or deliberately misleading information is given, or any material fact suppressed, I will not be accepted, 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 from ACC. I further understand that any offer of employment if made, may be conditional on my obtaining full medical clearance.

Signed

Date

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