



## Application Form

Please complete all sections of this form and return it to Harriet Dixon, General Manager at Cambridge Community House, email: [harriet@camcomhouse.org.nz](mailto:harriet@camcomhouse.org.nz)

Position applied for:	
Date available to commence employment?	
What days and hours are you available to work?	Full-time / Part-time
If Part-time, please specify availability?	
Have you previously held a position at the company?	Yes/No

### PERSONAL DETAILS

<b>Full name:</b>	
Preferred name (if applicable):	
Mobile number:	
Alternative contact number:	
Email address:	
Physical address:	

### NEXT OF KIN DETAILS

<b>Full name:</b>	
Mobile number:	
Alternative contact number:	
Email address:	
Physical address:	

### DRIVERS LICENCE

<b>Do you hold a current drivers licence?</b>	<b>Yes / No</b>
Licence Number	
Class of Licence	

*(Please enclose a copy of your driver's licence)*

### ENTITLEMENT TO WORK IN NEW ZEALAND

<b>Are you a New Zealand citizen?</b>	<b>Yes / No</b>
If no, are you legally entitled to work in NZ?	Yes / No
If Yes, what visa/permit are you on and what is its expiry date?	

*(Please enclose a copy of the relevant pages of your passport)*

### CRIMINAL RECORD AND BANKRUPTCY

*I understand that any record of criminal convictions I might have will automatically be concealed if I meet the eligibility criteria stipulated in Section 7 of the Criminal Records (Clean Slate) Act 2004.*

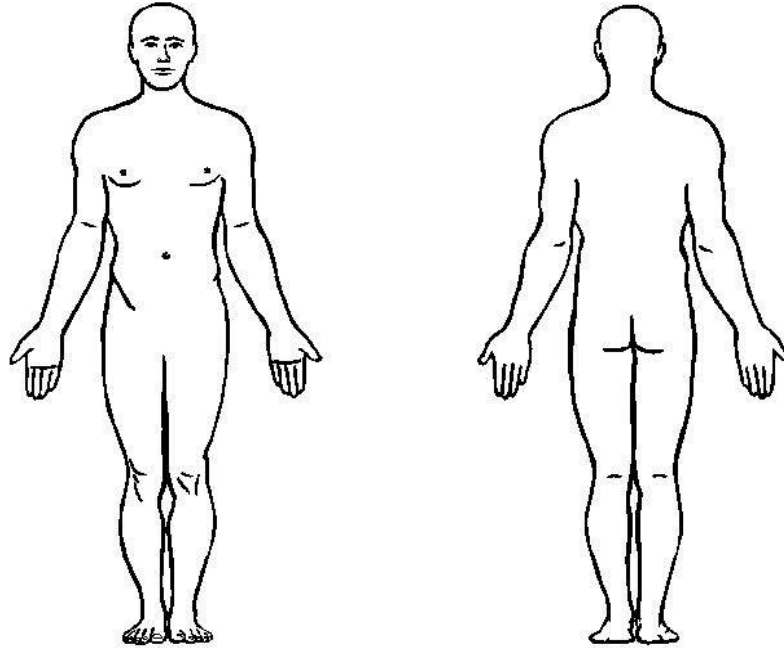
<b>Have you ever been convicted of any criminal offence, including matters relating to dishonesty, e.g. fraud, theft, misappropriation of funds, within the last seven years?</b>	<b>Yes / No</b>
Do you have any criminal charges pending?	Yes / No
If so, please list each conviction (and the sentence imposed) or pending charge (Continue separately if necessary):	
If required for the role you will be asked to complete a Police Vetting form, do you consent to this?	Yes / No
Have you ever been declared bankrupt?	Yes / No
If so, please give details:	

**MEDICAL**

<p><b>Do you have, or have you ever had, any known disability, injury or medical condition which may affect your ability to effectively carry out the full range of the functions and responsibilities of the position applied for, or may be contributed to or aggravated by this position?</b></p>	<p><b>Yes / No</b></p>
<p>If so, please provide details (Continue separately if necessary)</p>	
<p>Do you have, or have you had, any injury or medical condition caused by a gradual process, disease or infection which may be aggravated by the function and responsibilities of the job for which you have applied, and as it is described in the attached job description?</p>	<p><b>Yes / No</b></p>
<p>If so, please provide details (Continue separately if necessary)</p>	
<p>Do you have any present or past injury for which you may or may not have claimed ACC and/or other insurance cover, which may be aggravated by the job you have applied for?</p>	<p><b>Yes / No</b></p>
<p>If so, please provide details (Continue separately if necessary)</p>	
<p>Have you suffered any injury to your neck, shoulders or back? Please detail and mark the attached drawing (on the next page) accordingly.</p>	<p><b>Yes / No</b></p>

**The following is a diagram of the human body. Please use all four diagrams to indicate areas of injury or discomfort.**

> Shade in areas of pain	
> Show arrows if pain moves	
> Show bruising or marks	



<b>Please give details below:</b>	
> When did the injury occur?	
> What was the cause?	
> What treatment are you or have you been getting?	

## PREVIOUS JOB HISTORY

NAME	COMPANY	POSITION	DATES OF SERVICE

## REFEREES

Please provide email and contact numbers of two work related referees we may contact:

<b>1. Name:</b>	
Position:	
Company:	
Relationship:	
Contact Number:	
Email address:	

<b>2. Name:</b>	
Position:	
Company:	
Relationship:	
Contact Number:	
Email address:	

**CONSENT TO CONTACT REFEREES FORM**

I (Full name) consent to Cambridge Community House

or its representative seeking verbal or written information on a confidential basis about me from representatives of my previous employers and/or referees and authorise the information sought to be released by them to Cambridge Community House for the purposes of ascertaining my suitability for the position I am applying for. I understand that the information received by Cambridge Community House is supplied in confidence as evaluative material and will not disclosed to me. Yes / No

Signed and Dated: \_\_\_\_\_

**COMPANY CONNECTIONS**

Do you have, or have you had, any significant connections through work or personal relationships with anyone at the company you are applying to? Yes / No

If yes, please provide details (Continue separately if necessary)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ADVERTISING**

How did you learn of this vacancy (e.g. recruitment agency, media)?

\_\_\_\_\_

\_\_\_\_\_

**DECLARATION & SIGNATURE**

- > I agree to retaining this application for future reference.
- > I consent to Cambridge Community House contacting any referees named in this form to obtain information about me in relation to this application.
- > I consent to Cambridge Community House obtaining information about me from the academic institutions listed in my curriculum vitae in order to confirm my qualifications.

- > I acknowledge that the written comments and assessments on my suitability, interview notes, referee comments and psychological assessment comments will be deemed evaluative and therefore confidential to Cambridge Community House.
- > I declare that the statements made in this form and my submitted curriculum vitae are true and complete, and that I am not aware of any conditions or situations not stated in this form which will affect my ability to carry out the functions and responsibilities of the position. I also understand that if any false information or deliberately misleading information has been given, or I have omitted any important information, I may be disqualified for appointment, or if appointed, this may lead to the termination of my appointment.
- > I understand that if any checks carried out as part of the recruitment process reveal any information which is not acceptable to the company and/or has not been previously revealed to the company that my employment may be terminated immediately.

Signature:

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Date

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#### PRIVACY ACT STATEMENT

*Please answer the following questions in relation to your application for employment, which will assist Cambridge Community House to assess your suitability for the position. The questions being asked are relevant to the nature and type of work undertaken in Cambridge Community House and comply with the rights and obligations under legislation, including the Immigration Act 1987, the Health and Safety in Employment Act 1992, and the Human Rights Act 1993. The information will be used by Cambridge Community House to assess you for this purpose only.*

*The information which you supply on this application form, along with your curriculum vitae and supporting documents, is solely used to assess your suitability for employment with the company applied to. If successful, the information you provide will be held by the company. Information on unsuccessful candidates will be confidentially destroyed either when 12 months has lapsed from the date of your application, or as soon as the information is no longer required.*

*You have the right to view your personal information held by Cambridge Community House and may request correction if necessary.*