

Methven Aged Persons Welfare Association Inc.
PO Box 59
Methven 7745



APPLICATION FORM

Position Applied for: _____

Name: _____

Address: _____

Phones: _____

Email: _____

Date of Birth: _____

Qualifications: _____

Courses Attended / Skills Acquired: _____

Please describe the skills you hold which are relevant to the position applied for: _____

Employment History:

Present/most recent employer: _____

Address: _____

Position held: _____

Hours worked per week: _____

Period employed: _____

Reason for leaving: _____

Can we contact this employer? Yes/No

Next recent employer: _____

Address: _____

Position held: _____

Hours worked per week: _____

Period employed: _____

Reason for leaving: _____

Can we contact this employer? Yes/No

Give details of any other job/experience which you have had which may be relevant to this position: _____

General:

Are you prepared to work shifts if required to do so? Yes/No

Have you worked shifts before? Yes/No

Are you prepared to work extra time if required? Yes/No

Have you been convicted of a criminal offence? Yes/No

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

If your application is successful when could you commence employment? _____

Declaration:

Do you have or have you had any injury that would affect your ability to do this job which includes heavy lifting and extended time on your feet.

For example: psychiatric or psychological illness or impairment, gradual disease process, OSS, infections, back or neck problems, hearing loss, repetitive strain injuries etc? Yes/no

Details if yes: _____

Have you had an injury or medical condition caused by gradual process disease or infection which might be aggravated or further contributed to by the tasks of this job: Yes/No

Details if yes: _____

Do you suffer or have suffered from any transmittable disease including but not limited to MRSA, Hepatitis, HIV? Yes/No

Details if yes: _____

Are you legally entitled to work in New Zealand?

Yes/No

Agreement Pre-Employment Checks:

At least 2 employment related referees must be provided on this application. These referees will be contacted if an applicant is going to be offered the position. The applicant will be advised that the referees are about to be contacted.

Referees: _____

Training Costs Terms:

“The Employee agrees that they are responsible for having a valid First Aid certificate at the commencement of this employment agreement and that, where their duties include food preparation, they will have been trained in Food Hygiene to a level acceptable to the Employer. Where this is not the case the Employer agrees to cover the costs of such training and/or certification, subject to the Employee not terminating their employment for at least 6 months. Should the employee terminate this agreement within that time, the Employer may deduct a cost, proportional to the period of the 6 months not worked, from the Employee’s final pay.”

Final step of the recruitment may involve one or both of the following checks:

- 1) Requirement to pass a Criminal and Traffic Convictions (Security) Check performed by the Ministry of Justice
- 2) Requirement to pass a Health Assessment Pre-Employment Check to confirm that you are fit to undertake this role.

By signing this form you are agreeing to these terms & checks being undertaken if necessary.

Signed: _____

Date: _____