



human resources

Application for Employment

Dear Applicant

Thank you for taking the time to complete this form which must be completed personally and in full.

All information that you do provide is strictly confidential and will not be shown to anyone who is not entitled to see it.

Please attach a copy (**No folders or binders**) of your Curriculum Vitae (CV) and practising certificate/registration. If you do not have a C.V. please complete the "Previous Employment" section of this form. If you wish your C.V. to be returned please enclose a stamped self addressed envelope.

If you are applying for more than one position please complete an application form for each one.

Please ensure acknowledgement receipt is completed.

Return application form to:
Human Resources
Waikato District Health Board
P O Box 934
Hamilton
New Zealand

POSITION APPLIED FOR

Job Title _____

Position Number _____
(if applicable)

Surname (Family name) _____ First Names _____ Preferred Name _____

Address _____ Home Phone _____
_____ Business Phone _____
_____ Alternative Contact _____
_____ Fax _____
_____ E Mail _____

Are you currently employed with the Waikato District Health Board? Yes No

Have you previously worked for the Waikato District Health Board? Yes No

OFFICE USE ONLY: CV Recd EHQ Recd ACCPT FRM
 PD Sent HSQ Recd → H&SS _____

REFEREES

Please provide **accurate names and postal addresses** of three people who have agreed to act as your referee and from whom we may request a reference report.
(Referees will need to be in a position to comment on your employment history/education/clinical abilities).

By supplying the names of these people Waikato District Health Board will:

- (i) assume that you have advised and given these referees your permission for them to disclose information about you to Waikato District Health Board.
- (ii) seek information from these referees on the basis that the referees will supply the information in confidence as evaluative material for the purposes of the Privacy Act 1993 and that any information supplied by the referee will not be disclosed to you should you request access to it.

Note: These obligations of confidence are subject to any requirement Waikato District Health Board has under the Official Information Act 1982, to disclose the information to you.

1. Name _____	Day Phone _____
Address _____	Alternative Contact No. _____
_____	Night Phone _____
_____	E Mail _____
Position of referee (eg employer, etc)	Fax No. _____

2. Name _____	Day Phone _____
Address _____	Alternative Contact No. _____
_____	Night Phone _____
_____	E Mail _____
Position of referee (eg employer, etc)	Fax No. _____

3. Name _____	Day Phone _____
Address _____	Alternative Contact No. _____
_____	Night Phone _____
_____	E Mail _____
Position of referee (eg employer, etc)	Fax No. _____

APPLICATION SUPPORT

In support of your application please tell us how you will add value to the delivery of care and/or services at Waikato District Health Board.

CONVICTIONS

Have you ever been convicted of a criminal offence?

Yes No

If yes please give details _____

PROFESSIONAL / OTHER DISCIPLINE

Have you been subject to professional / other disciplinary inquiry or have knowledge of an event that might give rise to disciplinary inquiry?

Yes No

If yes, please give details _____

CURRENT NEW ZEALAND DRIVERS LICENCE

Category: Provisional/Full/Other _____ Date Issued _____

Number _____ Classes _____ Expiry Date _____

If you have an endorsement please record _____

APPLICATION INFORMATION

Is your application in response to: (Please choose one only)

- Newspaper ad. (Please state) _____
- Journal/Newsletter ad. (Please state) _____
- Internet site (Please state) _____

- Agency (Please state) _____
- Telephone/Personal Enquiry
- Word of mouth
- Internal Advertising

GENERAL INFORMATION

If you are invited to attend for an interview, you may wish to bring a support person/s with you. If this is so, you are required to confirm who will be accompanying you.

Pre employment health screening information is requested on separate documents.

THE PRIVACY ACT

Waikato District Health Board will not use or disclose information provided, except for the purposes described below, and as permitted by the organisation's Human Resource Privacy Policy.

This includes using the information in the process of determining your suitability for the position you have applied for with the Waikato District Health Board, and if you are appointed for personnel management purposes. (Waikato District Health Board staff associated with administering these processes/purposes will have access to the information).

Failure to supply any of the information requested may prejudice the Waikato District Health Board's ability to assess your suitability for the position you have applied for.

The Waikato District Health Board may seek independent corroborating evidence or material on this application form or CV provided to support the application.

If your application is unsuccessful then the information will be destroyed in a secure manner and your CV returned.

If your application is successful then the information will be retained in the Staff Records of the Waikato District Health Board under conditions which ensure security.

You may request access to and correction of your staff record, by writing to the Privacy Officer, Waikato District Health Board, PO Box 934, Hamilton.

DECLARATION

I declare that the information I have given is correct and understand that any incorrect or misleading information may lead to disqualification, or if appointed, to termination of employment.

Applicants signature

Date

Acknowledgement of Application



Please complete this acknowledgement slip where marked with an •. It will be returned to you to acknowledge receipt of your application.

Human Resources
P O Box 934
222 Pembroke Street
Waikato District Health Board
Hamilton New Zealand
Telephone: 07 839 - 8949
Facsimile: 07 839 - 8758

• For Position Number: _____

• Job Title: _____

• Name _____

• Address _____

Your application for the above position is acknowledged. You will be contacted again when shortlisting has been completed.

Recruitment Service

Date
