

CONFIDENTIAL

NORTHLAND DISTRICT HEALTH BOARD

Te Poari Hauora Ā Rohe O Te Tai Tokerau



APPLICATION FOR EMPLOYMENT TE TONO KIA WHIWHI MAHI

Name: (Ingoa)	
Position applied & Vacancy No: (Te turanga)	
Where did you see this position advertised?	

The completion of this form does not indicate there is an obligation on the Organisation to engage the applicant. This information is collected for the purpose of assessing your suitability for employment at Northland District Health Board, which may include subsequent changes in your employment with Northland District Health Board.

Please return your completed Official Application Form along with your Curriculum Vitae and covering letter to: Human Resources Officer-Recruitment, Northland District Health Board
PO Box 742 Whangarei

PERSONAL DATA

Surname: Given Name:

Address:

Phone: Home: Work: Cell:

1: Are you a New Zealand Citizen? Yes NO (If you have ticked "NO" to Q1 please go to Q2)

2: Do you have a NZ Work permit? or NZ Residency

3: What is your age group? 18- 30 31- 50 51- 65 65+ (this is for Kiwi saver purposes)

4: Have you ever been convicted of a criminal offence? YES NO

5: Are you awaiting court charges? YES NO

6: Do you have a current drivers licence? YES NO

7: Do you have any demerit points? YES NO

If "YES" to Q4, 5 or 7 please explain:

8: Do you smoke? YES NO

9: Do you have Secondary Employment? YES NO

RELEVANT QUALIFICATIONS

Educational Facility	Qualification	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

10: Do you speak /write any language other than English, which could help you in your job?

If yes please explain

EMPLOYMENT HISTORY

11: Have you previously worked for Northland District Health Board, Northland Health Ltd, Northland Area Health Board or the Northland Hospital Board?

YES NO: If "YES" please describe.

EMPLOYMENT HISTORY (continued)

Organisation: Location:
Position Held: Dates Employed:
Reason for leaving:

Organisation: Location:
Position Held: Dates Employed:
Reason for leaving:

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Position Held: Dates Employed:
Reason for leaving:

12: List other work that may be relevant to the position you are applying for:

13: If you are applying for a position that requires Professional Registration and/or Annual Practicing Certificate please provide these details

14: Are there any limitations or pending charges to your scope of practice? YES NO

if "YES" please provide details

15: Have you ever had a complaint lodged with a registering body with regard to your practice? YES NO

if "YES" please provide details

16: Are you currently under investigation by a registering body? YES NO

if "YES" please provide details

17: What are the names of any relatives, members of your household or friends already employed by Northland District Health Board with whom you maybe working in close association with if you are appointed to the position applied for?

18: Have you had any injury or medical condition caused by gradual process, disease or infection (for example, hearing loss, sensitivity to chemical, occupational overuse syndrome (repetitive strain injury), or back injuries) that may be aggravated or further contributed to by the tasks of this job, or which may otherwise affect your ability to carry out the duties you will be required to perform? If Yes", please provide details below.

19: Is there any other information or facts, which may be relevant to the Organisation's decision whether to employ you" If "yes please detail in the box provided below.

REFERENCES

I consent to Northland District Health Board seeking verbal or written information on a confidential basis about me from representatives of my previous / current employers and / or referees, and authorise the information sought to be released by them to Northland District Health Board for the purposes of ascertaining my suitability for the position I am applying for.

Signature:

Date:

* REFEREE #1

* REFEREE #2

* REFEREE #3

Name:

Position held:

Organisation:

Contact address:

Contact phone:

Contact cell:

Contact fax:

* Please note: At least two referees should be from present or previous employers

DECLARATION

I (full name) declare that to the best of my knowledge the answers provided in this application form and any other information provided to Northland District Health Board in support of my application is correct and I understand that if any false or deliberate misleading information is given, or any material suppressed, I will not be accepted, or if I am employed, my employment may be terminated. I also understand that any false information given in relation to my medical history with regard to gradual process, disease or infection can result in my loss of entitlement to any accident compensation.

Signature:

Date:

“Northland District Health Board thanks you for your application”