

APPLICATION FOR EMPLOYMENT

This information is being collected so that Mahitahi Trust can employ the best qualified candidates. The information you provide will be managed with strict confidentiality. If your application is successful this form will be retained on your personal file and will be available to authorised Mahitahi Trust staff only. If unsuccessful, this form will be destroyed after 12 months. The treatment of any information provided will comply with the Privacy Information Act 1993. Information will be stored in secure locked files. Any information held by Mahitahi Trust may be corrected on request. It is Mahitahi Trust's policy to employ the best qualified person for the job and to provide equal opportunity for advancement of employees, including training. Mahitahi Trust does not discriminate against any person in accordance with the Human Rights Act 1993.

Please print clearly:

POSITION(S) APPLYING FOR			
Position:	Reference number:		
PERSONAL DETAILS			
Last Name			
First & Middle Name			
Are you known by any other name(s)?	<i>If Yes, please state:</i>		
Address		Email	
Phone Number	Home	Mobile	
Date of Birth		Gender F <input type="checkbox"/>	M <input type="checkbox"/>
Ethnicity			
Iwi Affiliation			
Are you legally entitled to work in NZ?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
	<i>Do you hold a work permit to work in NZ, please supply a copy of this with this application?</i>		
EDUCATION			
Name of Secondary School	Qualifications: <i>e.g. School Cert, University Entrance- subjects</i>		
Name of Tertiary School	Formal qualifications? <i>e.g. Degree(s), Certificates etc (provide details)</i>		
Skills	Skills you have that may be relevant for this position: <i>e.g. Typing, Computer skills</i>		

Language	Do you speak another language (s) aside from English? If so, which language(s)? Yes <input type="checkbox"/> No <input type="checkbox"/>
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EMPLOMENT HISTORY

Present or most recent Employer	Company: Address: Position Held: Main Duties: <ul style="list-style-type: none"> • • • Number of hours worked per week: _____ Length of Service: _____ Month/Year: _____ Reason for Leaving: _____
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Next most recent Employer	Company: Address: Position Held: Main Duties: <ul style="list-style-type: none"> • • • Number of hours worked per week: _____ Length of Service: _____ Month/Year: _____ Reason for Leaving: _____
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Next most recent Employer	Company: Address: Position Held: Main Duties: <ul style="list-style-type: none"> • • • Number of hours worked per week: _____ Length of Service: _____ Month/Year: _____ Reason for Leaving: _____
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FITNESS TO UNDERTAKE POSITION

Mahitahi Trust is responsible for taking all reasonable steps to ensure the Health and Safety of everyone in its workplace. We must ensure that all our employees can perform the job-related tasks in a way that does not put themselves or others at risk or harm. To enable us to do this, please answer the following questions.

Do you have any injuries, medical conditions or other personal circumstances that may be aggravated by or affect your ability to do the following tasks?

- | | |
|--|--|
| 1. Driving manual or automatic vehicles | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 2. Lifting or supporting people with physical disabilities (up to 25 kg | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. Other manual handling tasks | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 4. Working on your own | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 5. Communicating-verbally or visually | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 6. Working in stressful situations | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 7. Working with computers | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 8. A Medical condition caused by 1) Gradual Process, 2) Disease, 3) Injury or 4) Infection | Yes <input type="checkbox"/> No <input type="checkbox"/> |

If you have answered yes to any of the above, please provide details:

In the last 12 months, have you had any accidents for which you have received ACC, including payment of medical expenses? If yes, please provide details: Yes No

Do you agree to undergo a medical examination if required to do so? Yes No
If no, please provide details:

Do you know anyone that is employed at Mahitahi Trust? Yes No
If yes, What is the relationship?

VETTING

Do you hold a current NZ driver's license? Yes No
If yes: Restricted Full Other Automatic Manual

Can you operate a Manual vehicle? Yes No

Driver's License Number: Yes No
(**Note:** this information is required as part of the Police Check)

Has your Professional Body taken any disciplinary action against you in the past, or is there any action pending that may affect your ability to perform duties required for the position that you are applying for? Yes No
If Yes, Please give details:

<p>Do you consent to Mahitahi Trust conducting a Police Vetting Check? (Note: Mahitahi Trust will use the information you have provided on the form (page 6) for the purposes of the Police Check)</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Have you ever been convicted of a criminal offence (this includes offences in New Zealand and overseas)? (Note: you do not have to reveal convictions under the "Criminal Records (Clean Slate) Act") If yes, please give details:</p> <p>If offences occurred overseas, what country did they occur in?</p> <p>Are you awaiting a hearing of charges in a civil or criminal court of Law (either in NZ or overseas)? If yes, please give details:</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Are you involved in any community activities, if yes, how and in what capacity?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>If your application is successful, when could you commence employment?</p>	
<p>REFEREES</p>	
<p>Applicants must provide a current or most recent employer reference:</p>	
<p>Referee Name: Position: Company: Address: Phone Number(s):</p>	
<p>Referee Name: Position: Company: Address: Phone Number(s):</p>	

Referee Name:	
Position:	
Company:	
Address:	
Phone Number(s):	

DECLARATION

I, _____, (full name) declare that to the best of my knowledge, that the information in this application form and in my Curriculum Vitae is true and correct. I understand that if any false deliberately misleading information is given, or any material suppressed, that I will not be accepted for this position. If I am employed and the information I provided is false or deliberately misleading, that my employment will be terminated. I also understand that any false information in regard to my medical history/criminal offences can result in my loss of entitlement for any compensation from Mahitahi Trust.

CONSENT(S)

I, _____, (full name) consent to Mahitahi Trust seeking verbal or written information from the above referees. The information gained will be confidential and for the purposes of ascertaining my suitability for the position I am applying for.

I, _____, (full name) consent to Mahitahi Trust completing a "Disclosure of Information form" from the New Zealand Police and realise that any offer of employment will be contingent on evidence that no criminal history is present that could adversely impact my employment for this position.

Your signature implies that you agree with and consent to, all of the contents of this application pack and that the contents are correct and true.

Full Name: _____

Signature: _____ **Date:** _____

Please attach a copy of the following with this Application for Employment. Check list

- Copy of your Passport, birth certificate Yes No
- Copy of Curriculum Vitae Yes No
- Work Permit and/or Residency (if applicable) Yes No
- Certificates/Registrations Yes No