

Application Form: Confidential

This information is collected for the purpose of assessing your suitability for employment with Medical & Injury Centre. If your application is successful, this form will be retained on your personal file. If unsuccessful it, along with other application papers, will be destroyed after 90 days.

You have a right of access to personal information and to seek any correction you think necessary to ensure accuracy. You are however advised that any request for evaluative/opinion-based material held on you will be declined.

POSITION	
Position applying for	
How did you hear of us?	
Where did you see this role advertised?	

PERSONAL DETAILS	
Name	
Address	
Home phone	Mobile phone
Email address	

Please fill out the following information in full, even if the information is also supplied in your CV

PAST EMPLOYMENT (please list your last 5 places of employment with the current or most recent first)	
Employer	
Position held	
Dates employed	Reason for leaving
Position held	
Employer	
Dates employed	Reason for leaving
Position held	
Employer	
Dates employed	Reason for leaving
Position held	
Employer	
Dates employed	Reason for leaving
Position held	
Employer	
Dates employed	Reason for leaving

QUALIFICATIONS/STUDIES

Degree/Qualification	Year obtained	Name of institution

REFEREES (please state details of referees you authorise us to contact to discuss your suitability for the position including a min of 2 work related referees)

Name Ph Number/s Email Occupation / Position Held Company Name	
Name Ph Number/s Email Occupation / Position Held Company Name	
Name Ph Number/s Email Occupation / Position Held Company Name	

HEALTH

1	Have you ever had an injury or been diagnosed with a medical condition or gradual process injury, disease or infection that may be caused by, aggravated, further contributed to, or prevent you from effectively carrying out the tasks of the role which are listed in the job description provided? If yes, please detail:	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	Have you ever suffered from a back injury or back strain? If yes, please detail:	<input type="checkbox"/> Yes <input type="checkbox"/> No
3	How many days absence due to sickness, illness or injury did you take in your last 12 months of employment?	
4	Are you allergic to, or have sensitivity to, any substances or chemicals? If yes, please detail:	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Do you smoke?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6	Do you take any medicine or drugs?	<input type="checkbox"/> Yes <input type="checkbox"/> No

GENERAL INFORMATION

1	Are you legally entitled to take up permanent employment in NZ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2	If selected for this position, when could you commence employment?	
3	Have you at any time taken action against a current or former employer in order to resolve an employment dispute, including personal grievance action or other employment relationship problem?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4	Have you ever been convicted of a criminal offence or are you awaiting a criminal court hearing? If yes, please detail all convictions and/or current charges. (Note: you are not required to disclose any charges or convictions that are eligible to be suppressed under the Criminal Records (Clean Slate) Act 2004.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
5	Do you hold a current driver's licence? If yes, what type?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7	Do you have or are you aware of any likely commitments which may prevent you from attending work during the required hours of work? If yes, please detail:	<input type="checkbox"/> Yes <input type="checkbox"/> No
8	You are applying for a position as a Non-Core Health Worker (Vulnerable Children's Act 2014) do you consent to a safety check to conform to our Child Protection Policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No

FURTHER INFORMATION

Do you have any additional information you consider relevant to the decision making concerning employing you for this position? For example, achievements, interests, one-off commitments (e.g. for which you will require leave) or other background information pertinent to this position?
If yes, please detail:

Yes No

I, _____ (full name) declare that the information I have submitted both within this form and in connection with my application for employment, is true and correct. I understand that if any false information is given, or material suppressed, I may not be accepted or if I am employed my employment may be immediately terminated. I also understand that any false information in relation to the medical portion of this form may result in loss of entitlement to any compensation from ACC. I consent for this information to be disclosed for the purposes of consideration for employment.

Signed

Dated