Sumner Bays Union Trust

Older Persons’ Worker Job Application Form

Please return this by 3 February 2017 to:

Sumner Bays Union Trust

57 Nayland Street

Sumner

Christchurch 8081

Or scan and email to [admin@sumnerbays.org.nz](mailto:admin@sumnerbays.org.nz)

1. DETAILS (PLEASE PRINT OR TYPE)

|  |  |  |  |
| --- | --- | --- | --- |
| Title: **Dr/Miss/Mr/Mrs/Ms** | | Surname or family name: | |
| First or given names: | | Preferred Name: | |
| Full postal address: | | | |
| Home phone: | Work Phone: | |  |
| Fax: | Mobile: | | Email: |

|  |
| --- |
| Date available to start: |
| or period of notice required in current employment: |

|  |
| --- |
| Are you a New Zealand Resident/Citizen or Australian Citizen? **Yes / No** |
| If not, do you have a current Work Permit/Visa? **Yes / No** Expiry Date: |
| Do you consent to the Trust retaining the information obtained in relation to this application for the purpose of assessing your suitability for other positions for which you may be considered within the next six months?  **Yes / No** |
| Do you live with the effects of injury, long-term illness or disability/disabilities? **Yes / No** |
| If ‘Yes’ what do they affect? (e.g. movement, hearing, speech) |
| Do you suffer from or have you suffered from any injury or medical condition caused by gradual process, disease or infection (e.g. repetitive strain injury, occupational overuse syndrome, back injury or strain, hearing loss, sensitivity to chemicals) which this job may aggravate or contribute to? **Yes / No** |
| If you answered ‘Yes’ please provide details: |
| Do you have any health condition which could affect your ability to do this job? **Yes / No** |
| If you answered ‘Yes’ please provide details: |
| The Trust may request disclosure of any record of criminal convictions (excluding those convictions protected from disclosure by the Criminal Records [Clean Slate] Act 2004) and/or your credit status. Such information may be sought where the information is necessary and relevant to the role (e.g. positions involving financial responsibilities). Do you consent to such a check? **Yes / No** |
| Have you ever been convicted of a crime in New Zealand (excluding those convictions protected from disclosure by the Criminal Records [Clean Slate] Act 2004) or in any other country? **Yes / No**   |  | | --- | | Are there any charges against you yet to be heard? **Yes / No** | | If you answered ‘Yes’ to either or both of the above questions please provide details: |   REFEREES  *Please provide the names of two or three referees whose consent has been obtained and who may be contacted for a confidential reference. (Where possible, at least one or two of the referees should be able to give work-related information and should have supervised or been senior to you in your current or most recent employment.)* |

|  |  |  |
| --- | --- | --- |
| 1. Name: | | |
| Address: | | |
| Phone: | Fax: | Email: |
| 2. Name: | | |
| Address: | | |
| Phone: | Fax: | Email: |
| 3. Name: | | |
| Address: | | |
| Phone: | Fax: | Email: |

DECLARATION

I consent to the Trust seeking verbal or written information about me on a confidential basis from the referees I have nominated and authorise the information requested to be released. I understand that the information will be supplied in confidence as evaluative material and will not be disclosed to me.

I have disclosed any illness or injury which I believe might affect my capacity to undertake the duties involved in this position safely.

I hereby certify that all the information given orally and in writing by me for my application is true and correct. I understand that if I have given incorrect or misleading information, or if I have left out any important information, I may not be considered for appointment, or if I am appointed, my employment may be terminated.

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| --- | --- |
| **Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |

**Statistical Information (Optional)**

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| --- |
| Where did you hear of this vacancy? |
| Gender: Male Female |
| Ethnic Identity: European Mäori Pacific Islander  Other Please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |