



APPLICATION FOR EMPLOYMENT

Purpose: This information is being collected to help assess suitability for employment with Te Ao Hou Trust. If you are successful, it may also be used, with your permission after it has been updated, to assess suitability for subsequent changes of employment within Te Ao Hou Trust.
 The information you provide on this application form will be collected and stored by Te Ao Hou Trust. If you are unsuccessful in your application, this form will be destroyed, unless otherwise mutually agreed.

POSITION APPLIED FOR:			
PERSONAL DETAILS:			
Surname:			
First Names:			
Preferred Name:			
Telephone:	(0)	Mobile	Email
Address:			
EMPLOYMENT IN NEW ZEALAND			Yes / No
Are you legally entitled to work in New Zealand? <small>(i.e. As a New Zealand citizen/permanent resident/holder of a current and valid work permit*)</small>			
*Advise expiry date of work permit			
DRIVERS LICENCE			Yes / No Yes / No
Do you hold a current NZ drivers licence? or Do you hold an International or Overseas Licence?			
Class(s) Learners / Restricted / Full - (Please circle correct licence)			
Drivers licence Number:			_____
Expiry Date:			
Have you lost any demerit points recently?			
If YES, how many do you have left?			_____
Please include a copy of your Licence - NZ or Overseas			_____

PREVIOUS EMPLOYMENT			
Please list any previous or current employment in the last four years (show most recent employer first).			
Employer/location	Employed from/to	Nature of Work	Reason for leaving



Please list reasons for any breaks in employment history above

QUALIFICATIONS

Please provide details of your most recent and highest level of academic achievement

Qualification Title	Institution/training provider	Year completed

Are you undertaking any other studies at this present time?

Are there any other achievements you are proud of in your personal, academic or working life you would like to share with us?

HEALTH STATUS

The purpose of gathering the following information is to help Te Ao Hou Trust with its obligations under the Health & Safety at Work Act 2015 and the Injury Prevention Rehabilitation and Compensation Act 2001, and to assess your ability to do the job.



<p>Have you had, or do you have, an injury, medical condition or disability – for example, hearing loss, sensitivity to chemicals, repetitive strain injury, mental illness or condition – that could be aggravated or further aggravated by the tasks and responsibilities that you would be required to perform in this role, or at the location (s) at which you would be required to undertake this work?</p>	<p>Yes / No</p>
<p>Do you believe this condition will affect your ability to carry out effectively and safely the functions and responsibilities of this role?</p>	<p>Yes / No</p>
<p>If yes to either of the above questions, give details (Note: Te Ao Hou Trust complies with the Human Rights Act and a declaration of an injury, medical condition or disability will not rule you out of consideration for the role)</p>	

CONFLICTS	
<p>Are you involved in any activities that could conflict with your duties and responsibilities with Te Ao Hou Trust?</p> <p>If “yes”, please specify details:</p>	<p>Yes / No</p>
REASONS FOR APPLYING	
<p>In one sentence, why do you want to work for Te Ao Hou Trust?</p>	
<p>What experience do you bring to the position?</p>	

REFEREE INFORMATION



In making this application, you consent to Te Ao Hou Trust seeking verbal or written information about your suitability for the position from any of the referees you have nominated below. You authorise the information to be released to those involved in the selection process. The referees must include a current and at least one other recent employment-related referee. Generally personal referees will not be acceptable.

CURRENT EMPLOYER (If not currently employed, your most recent employer)

Name:			
Address			
Telephone:		Title:	

PREVIOUS EMPLOYER

Name:			
Address:			
Telephone:		Title:	
Name:			
Address:			
Telephone:		Title:	

POLICE VETTING

Have you ever had a criminal conviction? If "Yes" please detail	Yes / No
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CONFIDENTIAL – SELF ASSESSMENT

Please give two or three brief examples highlighting your experience and achievement against each success factor listed below. If you are unable to identify past experience in a key success factor, please provide details to demonstrate how you plan to develop that skill.

Key success factor	Self-assessment / strategy for development
Professional Development Management	
Relationship Management	



Time Management	
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DECLARATION	
<p>I declare that, to the best of my knowledge, the information given is true and correct. I understand that inaccurate, misleading or untrue statements or knowingly withheld information may result in termination of appointment with Te Ao Hou Trust. I understand that this application does not constitute an offer of employment.</p> <p>I acknowledge that Te Ao Hou Trust may contact the above referees for further information.</p> <p>I agree to undertake a criminal check if I am short-listed for a position.</p> <p>I understand that the information given in the Health Section of this application form may be requested by ACC.</p>	
Signature:	Date:

Please Send Completed

- Application Form
- A covering letter,
- Copies of Current Qualifications
- Curriculum Vitae
- Copy of Drivers Licence to:

Attention: CEO
Te Ao Hou Trust
PO Box 315
ŌPŌTIKI 3162

OR

Email to admin@teaohou.org.nz

Received by:
Date: