

APPLICATION FOR EMPLOYMENT FORM

Please complete and forward to the above postal address.
Applicants may submit a curriculum vitae and covering letter in support of their application.

Confidentiality and Privacy

This information is collected for the purpose of assessing your suitability for employment at Gore Health. Failure to complete this form in its entirety may affect our ability to properly assess your application. This information may be held by the Gore Health and should your application for employment be successful, may be used in the future for the purpose of assessing your ongoing suitability in the event of change to your employment. You have certain rights to request access to personal information held by us, and to correct that information. Any requests for access and correction should be made to the address above.

POSITION APPLIED FOR	
HOW DID YOU LEARN OF THIS POSITION?	

PERSONAL DETAILS		Title	
Surname		First Names	
Address		Phone Home	
		Phone Work	
		Fax	
Email			
Other name(s) by which you have been/are known			

EDUCATION/PROFESSIONAL/TRADE QUALIFICATIONS AND/OR ASSOCIATIONS (Please list most recent. Further information may be supplied in your CV)		
Qualification/Membership	Date Obtained/Current	Institution/Association

PRESENT EMPLOYMENT (if applicable)	
Employer	
Position Held	
Starting Date	
Main Responsibilities	

PAST EMPLOYMENT (Please list in order, with most recent position held first. Non-paid experience may also be listed. Further information may be supplied in your CV)			
Job Title		Job Title	
Employer		Employer	
Type of Business		Type of Business	
Address		Address	
Starting Date		Starting Date	
Leaving Date		Leaving Date	
Reason for Leaving		Reason for Leaving	

Do you have a spouse, partner, relative, or household member working for Gore Health?	Yes/No
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REFEREES Please name two persons, preferably recent employers, from whom we may request confidential references:			
Name		Name	
Position/Title		Position/Title	
Postal Address		Postal Address	
Email		Email	
Telephone		Telephone	
DRIVERS LICENCE Where your position may require you to drive a motor vehicle, we require the following information:			
Current Drivers Licence	Yes/No	Licence Number	
Class of Licence		Do you have any demerit points or endorsements?	Yes/No
If YES, please detail			
RESIDENT STATUS			
Are you legally entitled to work permanently in New Zealand?			Yes/No
PREVIOUS CONVICTIONS			
Excluding any minor traffic infringements, have you had any criminal convictions, or do you have any current actions pending?			Yes/No
If YES, please attach full details			
VULNERABLE CHILDREN'S ACT 2014			
Have you been involved in any disciplinary procedures that could be relevant to child safety?			Yes/No
If YES please give full details			
HEALTH AND SAFETY REQUIREMENTS			
Due to the current Te Whatu Ora Guidelines on COVID-19 vaccines in the Health and Disability sectors all persons working in a facility providing Healthcare should be vaccinated. Have you received any doses of a COVID-19 vaccine?			Yes/No 1 2 3
Are you aware of any medical or health related condition that could affect your performance or ability to carry out the duties and responsibilities of the position for which you are applying; or, do you have any medical condition or injury which might be aggravated or further contributed to by the tasks of this position?			Yes/No
If YES, please specify the health problems/disabilities			
Have you ever lodged a claim for an occupational or work related injury or condition?			Yes/No
If YES, please provide details including the condition(s) for which claims were lodged and date of lodgement			
If you have indicated a medical or health related condition that could affect your ability to carry out your job, please indicate whether you would be prepared to undergo a medical examination by a doctor nominated by us (at our expense) to determine your ability to perform your job prior to us making a decision about your application			Yes/No
If you are currently suffering, or have suffered in the past from injury or illness, are there any special services or facilities which we could provide to enable you to carry out the work duties safely?			Yes/No
If YES, please specify			
Are you earning, or do you anticipate that you will earn income from secondary employment?			Yes/No
If YES, what is the nature of this employment?			
I confirm that the information given on this form is, to the best of my knowledge, true and complete. Any false statement may be sufficient cause for rejection, or if employed, summary dismissal. I consent to Gore Health Ltd seeking verbal or written information about me from my referees, and authorise the information sought to be released.			Yes/No
Signature		Date	