



# APPLICATION FOR EMPLOYMENT

Date of application \_\_\_\_\_ Position applied for \_\_\_\_\_

**Preferred location** (please tick the boxes of the clinics where you would like to work)

Ascot	<input type="checkbox"/>	Eastridge	<input type="checkbox"/>	Glenfield	<input type="checkbox"/>	Otahuhu	<input type="checkbox"/>	Ponsonby	<input type="checkbox"/>
Remuera	<input type="checkbox"/>	St Lukes	<input type="checkbox"/>	Henderson	<input type="checkbox"/>	New Lynn	<input type="checkbox"/>	Whangarei	<input type="checkbox"/>

**Hours available to work** (please tick box to indicate total hours available to work **per week**)

Less than 10 hours per week	<input type="checkbox"/>	10-20 hours per week	<input type="checkbox"/>	20-30 hours per week	<input type="checkbox"/>
30-40 hours per week	<input type="checkbox"/>	Evenings up to 23h00	<input type="checkbox"/>	Overnight 22h00-07h00	<input type="checkbox"/>
Weekends	<input type="checkbox"/>				

**Full name** \_\_\_\_\_

**Address** \_\_\_\_\_

**Home phone** \_\_\_\_\_

**Other phone** \_\_\_\_\_

**Email address** \_\_\_\_\_

Have you reached the current school leaving age (16 years)? YES  NO

Are you legally entitled to work in New Zealand? YES  NO

Current status                      NZ citizen                       Permanent resident                       Hold a current work permit

**Clinical applicants only:**

Do you have a current APC?                      NO  YES                       APC no \_\_\_\_\_

Do you have indemnity insurance? NO  YES                       Provider \_\_\_\_\_

**General:**

Are you prepared to work shifts if required to do so?                      YES  NO

Are you prepared to work weekends if required to do so?                      YES  NO

Are you prepared to work overtime if required?                      YES  NO

Do you have any present criminal convictions, not including any concealed under the Clean Slate Act?                      YES  NO

Are you awaiting the hearing of charges in a civil or criminal court of law?                      YES  NO

Are you prepared to handle all products, materials and equipment used in the industry?                      YES  NO

Do you have a current drivers licence?                      YES  NO

Do you have a spouse/relative/partner working at White Cross?                      YES  NO

**Medical**

Do you have any health related issues that may impact on your ability to perform the tasks listed in the job description for job that you are applying for?                      YES  NO

If yes, please detail \_\_\_\_\_



Have you ever worked for White Cross Healthcare before? YES  NO   
 If yes, where and when? \_\_\_\_\_

Do you have secondary employment? YES  NO   
 If yes, please detail \_\_\_\_\_

**Availability and expected remuneration**

If your application is successful, when can you commence employment? \_\_\_\_\_

What level of remuneration, are you seeking?  
 Please specify, cash and non-cash components? \_\_\_\_\_

**Qualifications – please complete if not already detailed in your CV**

Qualifications (school certificate, university entrance)	Subjects

Do you have any other qualifications/certificates/licences/or attended any courses? (give details)

Please describe the skills you hold which are relevant to the position applied for (e.g. for a typist - typing speed, word processing capability, shorthand capability, etc).

**Languages** - list any languages that you can hold an every day conversation in, other than English

**Referees** - please give details of at least two referees

	Name	Contact details (telephone and email)	Relationship
Referee 1			
Referee 2			

I \_\_\_\_\_ consent to the above organisation seeking verbal or written reference on a confidential basis about me, and authorise the information sought to be released for the purposes of ascertaining my suitability for the position for which I am applying. I understand that the information received by the Company is supplied in confidence as evaluative material and will not be disclosed to me.

Signature of candidate \_\_\_\_\_

Date \_\_\_\_\_



**Employment history - please complete if not already detailed in your CV**

Current employer	
Company	
Position held	
Main duties	
Hours per week	
Length of service	
Reason for leaving	

Previous employer 1	
Company	
Position held	
Main duties	
Hours per week	
Length of service	
Reason for leaving	

Previous employer 2	
Company	
Position held	
Main duties	
Hours per week	
Length of service	
Reason for leaving	

Previous employer 3	
Company	
Position held	
Main duties	
Hours per week	
Length of service	
Reason for leaving	

**Declaration**

I, \_\_\_\_\_ (full name) declare that to the best of my knowledge the information provided in this application and in any resume is accurate and I understand that if any false or misleading information is given, or any material fact suppressed, I will not be employed, or if I am employed, my employment may be terminated. I further understand that any offer of employment if made, is conditional on my obtaining a full medical certificate if required and requested by White Cross Healthcare Ltd.

\_\_\_\_\_  
Sign

\_\_\_\_\_  
Date