

# Te Hauora O Te Hiku O Te Ika Trust

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## APPLICATION FOR EMPLOYMENT

(CONFIDENTIAL)

This is an application for employment form which you are required to complete personally. The application form is a source of information which will be used by Te Hauora O Te Hiku O Te Ika Trust (the Trust) to assist in considering your suitability for the position for which you are applying. The form is an application only and does not give rise to any obligation by the Trust to employ you. If your application is successful, the information shall form part of the Trusts' HR records. Failure to supply the information requested may prejudice the Trusts' ability to assess your suitability for the position. You are entitled to access this information on request.

This information will be held by: Human Resources.

**POSITION APPLIED FOR:** .....

**LOCATION:** .....

### NAME & CONTACT DETAILS

Title: Mr / Mrs / Ms / Miss / Other Last Name: .....

First Name: ..... Preferred Name: .....

Are you known by any other names? Please list: .....

Please set out below a telephone number you can be contacted on and an address to which information can be sent relating to your employment.

Postal address: .....

.....

Telephone: ..... Mobile .....

Iwi/Hapu Affiliations: .....

Do you have a current New Zealand driver's licence? YES / NO

If yes, what class (s): .....  
(Please attach a copy)

Do you have any pending driving convictions, demerit points or endorsements? YES / NO

If yes, please provide details: .....



**QUALIFICATIONS, TRAINING, LICENCES**

Please list below any of your school, tertiary, professional, trade or any other qualifications that are relevant to this application.

Secondary School Qualifications: .....

Tertiary Qualifications: .....

Trades Qualifications: ..... Year Completed: .....

Trades Qualifications: ..... Year Completed: .....

Trades / Practising Licence / Registration Number: .....

Do you have a current CPR certificate? YES / NO If Yes - Expiry date: .....

Do you have a current First Aid Certificate? YES / NO If Yes - Expiry date: .....

Do you have a current Safe Working Practices Certificate? YES / NO  
If Yes - Expiry date: .....

List any other qualifications relevant to the position?

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.....

**HEALTH AND SAFETY**

Are you prepared if required?

1. To provide information regarding your health and to undergo a medical examination, including drug tests by a medical professional nominated by the Trust relating to your ability to perform satisfactorily and safely the tasks of the position to which this application relates? YES / NO
2. To participate in regular health monitoring (e.g. hearing test, vision screening, blood/urine screening, chest x-ray etc.) to assess the effects on your health, if any, from the environment of the job to which this application relates? YES / NO

Do you have any known condition which may affect your ability to effectively carry out the functions and responsibilities of the position applied for? YES / NO

If yes, please detail .....

.....  
.....

Have you had any work-related injuries during the past five years? YES / NO

If yes, please detail .....

.....  
.....

**EMPLOYMENT HISTORY**

Start with last or present employer and work backwards:

Last/Present Employer: .....

Address: .....

Position held: ..... from: ..... to: .....

Key duties / Responsibilities: .....

.....

.....

Reason for leaving: .....

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Previous Employer: .....

Address: .....

Position held: ..... from: ..... to: .....

Key duties / Responsibilities: .....

.....

.....

Reason for leaving: .....

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Previous Employer: .....

Address: .....

Position held: ..... from: ..... to: .....

Key duties / Responsibilities: .....

.....

.....

Reason for leaving: .....

Have you previously been employed by Te Hauora O Te Hiku O Te Ika? YES / NO

If Yes:

Position held: .....

Approximate date: .....

Name of Manager / Supervisor: .....

Do you have secondary employment?

YES / NO

If Yes, provide details: .....  
.....  
.....  
.....

**OTHER**

Why are you applying for this position?  
.....  
.....

What interests you about working for Te Hauora O Te Hiku O Te Ika?  
.....  
.....

What knowledge, skills and attributes do you believe you can bring to this position?  
.....  
.....

**REFEREES**

Give names and telephone numbers of at least two referees from previous places of employment that we may contact to seek references in connection with your suitability for the position to which this application relates:

<b>Referees name</b>	<b>Company</b>	<b>Contact phone number</b>
.....		
.....		
.....		

**Authorisation to Contact Referees**

I hereby authorise Te Hauora O Te Hiku O Te Ika to collect personal information about me which is directly related to this application, from the persons named above. I also authorise those named persons to disclose to the Trust any such information they may hold.

**Privacy Act 1993**

The information you have supplied on this application form is to assess your suitability for employment with the Trust for the position concerned. However, often clients will require evidenced of skills and experience, and you hereby give your consent to produce such information as necessary.

The information will be held secure in the Trusts' Human Resources files. No information will be disclosed to third parties without your authorisation, except as required by law. You have the right to access and request correction to your personal information held by the Trust.

If your application is unsuccessful the information will be confidentially destroyed after twelve (12) months.

**DECLARATION**

**By signing the declaration below, you acknowledge that you have read and understood the above statement and you are aware of your rights under the Privacy Act 1993, that you give authority to referees as stated, and that all information provided in this application is true and correct.**

**Failure to complete all sections of this application truthfully will render the application invalid, and should you have been successful in your application, can be grounds for dismissal.**

**Should you be offered employment with the Trust, this will be conditional on the successful outcome of a pre-employment medical examination by a registered medical practitioner.**

Signature: .....

Date: .....

PLEASE SUBMIT THIS APPLICATION FORM TOGETHER WITH A COPY OF YOUR CV TO HUMAN RESOURCES.