

Application for Employment Form



CONFIDENTIAL

To be completed personally by the Applicant – please print

Note: The completion of this form does not indicate that there is any obligation on YMCA Invercargill to engage the Applicant.

Purpose: This information is collected for the purpose of assessing your suitability for employment at YMCA Invercargill which may include subsequent changes in employment with YMCA. If successful, such information will form part of our employment records. Failure to supply the information requested would prejudice our ability to assess your suitability for the position.

In accordance with The Privacy Act 1993 you are entitled to access this information upon request. The information will initially be held by the relevant Centre Manager, then if your application is successful; it will be placed on your employment file in the Payroll department, currently located at YMCA Head Office, 77 Tay Street, Invercargill.

CHILD PROTECTION

Our core focus and the areas we operate in mean that all positions within YMCA Invercargill involve working either directly or indirectly with children or young people. All staff, across all sites may at some stage be in a position where they are in contact with children or young people, or they could have access to their information.

YMCA Invercargill is committed to child protection and the safeguarding of children and young people in our care.

We require all applicants to understand that any inappropriate behaviour or actions toward children or young people (while on duty or outside working hours) will not be tolerated. Proven allegations will result in termination of employment and will be reported to law enforcement authorities.

Position applied for:

YOUR NAME Family Name:

Given names (underline name used):

Are you known by any other name(s)?

By signing this application form, I declare that I have disclosed all the names I have worked or presented myself under and outside of these names above; I have not changed my name or used any other identities.

Date of Birth

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DOB - Required for Police Check which any offer of employment is subject to; to determine eligibility for KiwiSaver; Minimum Wage; minimum age required for some positions.

YOUR CONTACT DETAILS Contact Address:

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.....

Home phone number: Mobile:

Other phone number (if any): Email:

LEGAL WORK STATUS

Are you legally entitled to work in New Zealand?

Yes / No

If yes, as: (please check the appropriate box)

A New Zealand Citizen? A permanent resident? A holder of a current NZ work permit?

Holders of a work permit/visa with duration less than 24 months will be required to provide a police certificate from their country of origin.

For Permanent Residents and holders of current NZ Work Permits we are required to sight and take a copy of your original Permit/Residency documentation.

For New Zealand Citizens we are required to sight and take a copy of your original Passport or Birth Certificate.

EDUCATION Name of Tertiary Institution(s) attended

.....
 Qualifications (Bachelors degree, Diploma etc) – subject

Name of Secondary School (s) attended

.....
 Highest Secondary School Qualification awarded (Bursary, Sixth Form Cert, School Cert, NCEA L1,2 or 3)

Note: You will be asked to produce original or certified copies of all qualifications relevant for the position applied for.

QUALIFICATIONS

Do you have any other qualifications / certificates / licenses / or attended any other courses relevant for the position applied for? (Please give details)

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Please describe the skills you hold which are relevant to the position applied for:

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Have you ever been employed by YMCA Invercargill or any other YMCA in New Zealand?

Yes / No

If Yes, please detail:

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Do you have secondary employment?

Yes / No

If yes, please detail:

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If your application is successful, when could you commence employment?

Do you have a spouse, partner or other relative working here at the YMCA or elsewhere in the same industry? ¹

Yes / No

If so, at which centre do they work and what is their name and position?

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What is your relationship with this employee?

What are your interests / hobbies / sports / clubs / or community activities?

Please detail:

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REFERRAL Were you referred to this position by an existing YMCA employee?

Yes / No

If Yes, please provide this employee's name:

EMPLOYMENT HISTORY

PRESENT OR MOST RECENT EMPLOYER

Date Started: / / **Date Finished:** / /

Company:

Address:

Job Held:

Main Duties:

Number of hours worked each week: Length of service:

Reason for leaving:

If there is a gap between this period of employment and the next please advise the reason

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For the purpose of compliance with the Privacy Act 1993 do you consent to YMCA Invercargill contacting your present employer for the purposes of reference checking **Yes / No**

NEXT MOST RECENT EMPLOYER

Date Started: / / **Date Finished:** / /

Company:

Address:

Job Held:

Main Duties:

Number of hours worked each week: Length of service:

Reason for leaving:

If there is a gap between this period of employment and the next please advise the reason

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NEXT MOST RECENT EMPLOYER

Date Started: / / **Date Finished:** / /

Company:

Address:

Job Held:

Main Duties:

Number of hours worked each week: Length of service:

Reason for leaving:

If there is a gap between this period of employment and the next please advise the reason

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Give details of any other job which may be relevant:

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REFEREES Give name and telephone numbers of at least two referees from where you have previously been employed - direct line managers who you have reported to. We need a minimum of your last two consecutive employers. If you are a school leaver these could be from a sports coach, teacher or Dean for example):

Name	Position	Organisation	Phone Contact No(s)	Relationship to You

I consent to a representative from the YMCA seeking verbal or written information on a confidential basis about me from representatives of my previous employers and/or referees and authorise the information sought to be released by them to the company 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: Date:

Please also complete the separate "Release of Information Form" on last page, so it can be faxed through to a nominated referee should they require your authorisation to release information.

GENERAL

Are you prepared to work shifts if required to do so? Yes / No

Are you available to work weekends if required to do so? Yes / No

For ECE or OSCAR specific roles (ie Early Learning Teachers, Holiday Programme, Before and After School Care), do you have any criminal convictions? Yes / No

For all other roles, do you have any criminal convictions, not including any concealed under the Criminal Records (Clean Slate) Act 2004? Yes / No

Have you been the subject of a Diversion ordered by the Courts? Yes / No

Are you aware of any pending investigation that may result in charges, currently under investigation that may result in charges or awaiting the hearing of charges in a Civil or criminal Court of Law? Yes / No

Have you ever been subject to any form of investigation or disciplinary process that could be relevant to child safety? Yes / No

POLICE RECORD CHECK

Prior to an offer of employment you will be asked to complete a NZ Police Vetting Service Request and Consent Form. Any offer of employment is subject to a satisfactory police record check. If this check is unsatisfactory then employment may be terminated.

To ensure compliance with sections 25-27 of the Social Security (Childcare Assistance) Regulations 2004 and the MSD OSCAR Standards for Approval, your consent form, copy of identification documents and police vetting result will be retained on file to ensure compliance with the standards for approval. NZ Police are aware of this requirement and have waived point 8 on page 4 of the consent form.

Holders of a work permit/visa with duration less than 24 months will be required to provide a police certificate from their country of origin.

DRIVERS LICENCE INFORMATION

Do you have a current Drivers Licence? Yes / No

If Yes, what class?

Drivers Licence No.

Do you have any demerit points or endorsements? Yes / No

Do you have any charges pending? Yes / No

If Yes, please detail:

Anyone required to drive a company vehicle may be subject to a Drivers License check via NZTA

PRIVACY ACT CONSENT

Do you consent to YMCA Invercargill retaining the information contained in this application form for the purpose of considering your suitability for any other position which may arise with YMCA Invercargill in the future?

Yes / No

MEDICAL Do you have any medical condition, illness or injury which may be exacerbated or made worse by performing the tasks listed in the Position Description for the job that you are applying for? Yes / No

If Yes, please detail:

Do you have any medical condition, illness or injury which may impact on your ability to perform the tasks listed in the Position Description for the job that you are applying for? Yes / No

If Yes, please detail:

Do you consent to undergo a medical examination if you are offered employment? Yes / No

HOW DID YOU HEAR ABOUT THE VACANCY?

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DECLARATION I, (full name) declare:

- that to the best of my knowledge the information provided in this application and in my resume enclosed 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 without notice.
- that there is no further relevant information that I have not told you about.
- I also understand that any false information given in relation to my medical history whatsoever (and including gradual process, disease or infection), may result in the termination of my employment and/or the loss of entitlement for any compensation from ACC.

Signed: Date:

Note:

- *Should this application form be submitted electronically, it will be subject to the hard copy being signed.*
- *Should your application be successful, your contact information may be used by YMCA to communicate with you or provide information directly to you in the context of the employment relationship*

¹ The Human Rights Act permits questions of this type on the basis of family status where there is or would be a reporting relationship or a risk of collusion to the detriment of the employer(s).



RELEASE OF INFORMATION FORM

I(full name) consent to a representative from YMCA Invercargill doing an appropriate background check on a confidential basis about me (including from representatives of my previous employers and/or referees) and authorise the information sought to be released by them to YMCA Invercargill for the purposes of ascertaining my suitability for the position for which I am applying. I understand that the information received by YMCA Invercargill is supplied in confidence as evaluative material and will not be disclosed to me.

I also consent to YMCA Invercargill using the information contained in my Application for Employment Form and any documents I provide as evidence of my identity and work entitlement for the purpose of confirming work entitlement and identity.

Signature:..... Date:.....

Note: this release form is on a separate page to the application form, so it can be faxed through to a previous employer / referee should they require it.