

THE HASTINGS HEALTH CENTRE
EMPLOYMENT APPLICATION FORM

Attached is an Application for Employment form that you are requested to complete personally. The application form is a source of information that will be used by The Hastings Health Centre to consider your suitability for the position for which you are applying. If your application is successful this form will be retained on your personal file. If unsuccessful it, along with your other application papers, will be destroyed after six months.

Failure to supply information requested could prejudice our ability to assess your suitability for the position.

Please supplement this application form with a cover letter and current curriculum vitae.

No original documents should be enclosed with your application.

Please feel free to visit our website: hastingshealth.co.nz for further information on our organisation.

CONFIDENTIAL:

<i>Position applied for :</i>	
<i>Date of application:</i>	

Personal Details:	
Title: Mr / Mrs / Miss / Ms / Dr	
First Names:	Surname:
Are you known by another name?	

Contact Details:	
Postal Address:	
Phone Number:	Cell Phone:
Email:	

Residency Status:	
Do you have permanent residency in New Zealand?	Yes / No
If not, are you legally authorised to work in New Zealand?	Yes / No
(Evidence will be required if you are interviewed for this position)	

Health Status:
A separate process for preferred applicant will be issued separately.

Education/Training & Qualifications/Registration:	
<i>Include University, further education etc where applicable.</i>	
Name of Secondary School/Tertiary Institution attended.	Qualifications Obtained

Employment History:*Present or Most Recent Employer:*

Employment Period:	
Company:	
Address:	
Position Held:	
Main Duties:	
Hours worked per week:	
Reason for leaving:	

Next Most Recent Employer:

Employment Period:	
Company:	
Address:	
Position Held:	
Main Duties:	
Hours worked per week:	
Reason for leaving:	

Next Most Recent Employer:

Employment Period:	
Company:	
Address:	
Position Held:	
Main Duties:	
Hours worked per week:	
Reason for leaving:	

Please explain any gaps in your employment.

Registration / General Information:

Number of Current Practising Certificate (if applicable):

State any restrictions/limitation/conditions on practising certificate?

Is your scope of practice/registration consistent with the position you have applied for?
Yes / No

Has your employer taken any disciplinary action or any legal proceedings (both past and pending) that may affect your ability to carry out the duties of the position or impact upon your practising certificate or registration? Yes / No (If yes, please provide details).

Have you been charged or convicted of a criminal offence, or are awaiting a hearing of charges in court? Yes / No (If yes, please provide details).

How many days absence in your last 12 months of employment were stated by you or a medical practitioner to be due to sickness, injury and/or accident?

0 – 2 3 – 5 6 – 10 11 – 15 16 – 20 Over 20 days

Referees:

Please give details of at least two referees that we may contact. Ideally one of these would be your current or very recent employer.

Referee Name	Relationship to You	Role/Organisation	Phone Number

Declaration:

I, _____ (full name) consent to The Hastings Health Centre seeking verbal or written information on a confidential basis from the referees list above. Furthermore, I authorise information sought by The Hastings Health Centre to be used for the purposes of ascertaining my suitability for the position I am applying for.

I, _____ (full name) declare that to the best of my knowledge, the answers to the questions in this application are correct. I understand that if any false information is given, or any material fact suppressed, I may not be accepted for employment, or if I am employed, I may be dismissed.

Do you have any additional information you consider relevant to the organisations decision-making concerning hiring you for this position? For example, achievements, interests, aspirations, one-off commitments, (e.g. for which you will require leave) or other background information pertinent to this position? If so, please list below or attach such information to this application.

Signature:

Date:

By returning this application electronically it is acknowledged that you fully agree with the above declaration.