Pre-employment Screening Questionnaire

Attached is an Application for Employment Form that you are requested to personally complete.

The Application Form is a source of information that will be used by this business to consider your suitability for the position for which you are applying. If successful, such information will form part of our personnel 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 to this company’s Human Resource Manager where the information is held.

This location is currently:

Te Hauora o Turanganui a Kiwa Ltd – 145 Derby St - Gisborne.

We would like to keep your application form and C.V. as part of our records.

If you agree please sign where indicated. If you choose not to sign, and your application is unsuccessful your application form and C.V. shall be destroyed by the company. The above information is provided in accordance with the Privacy Act 1993.

NAME: _____________________________

SIGNED: ____________________________ DATED: ___/____/___
# Application for Employment

**CONFIDENTIAL**
(To be completed personally by the Applicant)

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

A Curriculum Vitae detailing education, qualifications, personal development, employment history, references and 2 referees plus contact details, must be attached.

Applications will be short listed and successors will be interviewed within 14 days from the closing date.

An assessment by the CEO or Senior Management will determine suitability for the successful applicant.

**Purpose:** This information is collected for the purpose of assessing your suitability for employment at Turanga Health.

<table>
<thead>
<tr>
<th>Position applied for:</th>
</tr>
</thead>
<tbody>
<tr>
<td>NAME</td>
</tr>
<tr>
<td>How do you like to be addressed:</td>
</tr>
<tr>
<td>Family Name:</td>
</tr>
<tr>
<td>Given Names:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CONTACT DETAILS</th>
<th>Address:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Home phone number:</td>
<td></td>
</tr>
<tr>
<td>Mobile:</td>
<td></td>
</tr>
<tr>
<td>Other phone number:</td>
<td></td>
</tr>
<tr>
<td>Email:</td>
<td></td>
</tr>
</tbody>
</table>
## LEGAL WORK STATUS

Are you legally entitled to work in New Zealand?  
Yes / No

If yes, as:

- A New Zealand permanent citizen?  
  Yes / No

- A permanent resident?  
  Yes / No

- A holder of a current work permit?  
  Yes / No

## Have you ever been employed by Turanga Health?  
Yes / No

If yes please detail:

## Do you have or are you likely to engage in secondary employment?  
Yes / No

If yes, please detail:

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

## 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

Have you been convicted of a criminal offence?  
Yes / No

If yes please give details

Have you been the subject of a diversion ordered by the courts?  
Yes / No

Are you awaiting the hearing of charges in a Civil or criminal Court of Law?  
Yes / No

Prior to the offer of employment you will be asked to complete Criminal History Check.

Are you a current smoker  
Yes / No

Do you have any conflict of interest that may inhibit or interfere with your ability to perform or uphold your responsibility towards the position you are applying for  
Yes / No

If yes please provide details:

- Marae / Hapu / IWI:

- Languages you speak other than English:

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

Turanga Health is driven by their values, what are your values and how do they drive you?
<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you have a current full drivers licence</td>
<td>Yes / No</td>
</tr>
<tr>
<td>If yes, what class:</td>
<td></td>
</tr>
<tr>
<td>Drivers Licence number:</td>
<td></td>
</tr>
<tr>
<td>Have you ever been charged with any driving offences? (other than parking)</td>
<td>Yes / No</td>
</tr>
<tr>
<td>If yes, please detail:</td>
<td></td>
</tr>
<tr>
<td>If you are the successful applicant, do you give authority to Turanga Health to utilise material (i.e. photos, movies, media coverage etc.) of yourself, which may be obtained during employment, to promote Turanga Health and its activities?</td>
<td>Yes / No</td>
</tr>
<tr>
<td>If no please explain why:</td>
<td></td>
</tr>
</tbody>
</table>

**MEDICAL**

<table>
<thead>
<tr>
<th>Question</th>
<th>Answer</th>
</tr>
</thead>
<tbody>
<tr>
<td>Have you had an injury or medical condition caused by gradual process, disease or infection (for example hearing loss, voice loss, sensitivity to chemicals, repetitive strain injuries) that may be aggravated or further contributed to by the tasks of this job?</td>
<td>Yes / No</td>
</tr>
<tr>
<td>If yes please detail:</td>
<td></td>
</tr>
<tr>
<td>Do you have a medical condition now or in the past that could impede you performing tasks?</td>
<td>Yes / No</td>
</tr>
<tr>
<td>If yes please detail:</td>
<td></td>
</tr>
<tr>
<td>Do you agree to undergo a medical examination?</td>
<td>Yes / No</td>
</tr>
<tr>
<td>Have you ever been require to take time off for illness / injury that exceeded you annual sick leave entitlement</td>
<td>Yes / No</td>
</tr>
</tbody>
</table>

**DECLARATION**

**I declare:**

1. That my answers [in this application] are true and not misleading; and
2. That there is no further relevant information that I have not told you about.

**I Acknowledge:**

1. That if you employ me you are relying on the truth and completeness of my answers; and therefore
2. That if I have not answered truthfully and completely, you may terminate my employment immediately and without notice.

**I Understand:**

That false or incomplete answers relating to my medical history could mean that I will not receive any ACC compensation or be covered by the at work medical insurance policy.

Signed by Applicant

Date:
Written consent from Applicant to disclose information

Referee details:

Name:

Position:

Address:

Phone number (landline is required):

Applicants position when employed:

I ______________________________ (full name) consent to a representative from Turanga Health 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 Turanga Health for the purposes of ascertaining my suitability for the position for which I am applying. I understand that the information received by Turanga Health is supplied in confidence as evaluative material and will not be disclosed to me unless written request.

Signed:                                                                                       Date:

The details are separate from the application form in the event that the referee requests a written consent from the Applicant to disclose information.
Written consent from Applicant to disclose information

Referee details:
Name:
Position:
Address:
Phone number (landline is required):
Applicants position when employed:

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Signed:                                                                                       Date:

The details are separate from the application form in the event that the referee requests a written consent from the Applicant to disclose information.
Proof of identity

Applicant’s details

Full name ____________________________________________________________

Address ____________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________ Postcode ______________

Telephone number __________________________________________

Mobile telephone number _________________________________________

Date of birth ________/______/______

Has the person been known by any other names? If so, list those names:

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

Documentation provided must be original and current (not expired).
Match photograph and signature on each document against the applicant.

<table>
<thead>
<tr>
<th>Document</th>
<th>Reference number</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Zealand passport</td>
<td></td>
</tr>
<tr>
<td>Foreign passport and Working Visa</td>
<td></td>
</tr>
<tr>
<td>New Zealand driver licence</td>
<td></td>
</tr>
<tr>
<td>New Zealand birth Certificate</td>
<td></td>
</tr>
</tbody>
</table>

Declaration

I ____________________________________________________ hereby confirm that the identity documents recorded above were provided by the applicant and witnessed by myself.

Name ________________________________________________

Position _________________________________________________

Signature ________________________________________________

Date ________/______/_______