



APPLICATION FOR EMPLOYMENT

Note: The completion of this application form does not indicate that there is any obligation on The Whakatōhea Māori Trust Board to engage the applicant.

Purpose: The information collected is for the purpose of assessing your suitability for employment with The Whakatōhea Māori Trust Board.

POSITION APPLIED FOR:			
PERSONAL DETAILS:			
Surname:			
First Names:			
Preferred Name:			
Telephone:	(0)	Mobile	02
			Email
Address:			
Date of birth	/	/	Place of birth
Marital Status			
Dependants			
Iwi Affiliation\s			
Hapū Affiliation\s			
Next of Kin			
Next Kin Contact Details			
NZ CITIZENSHIP			
Have you reached the current school leaving age (16 years)?			Yes / No
If no are you legally entitled to work in New Zealand?			Yes / No
Do you have a current work permit? Please include a copy.			Yes / No
DRIVERS LICENCE			
Do you hold a current NZ drivers license? or			Yes / No
Do you hold an International or Overseas License?			Yes / No
Class(es) Learners / Restricted / Full - (Please circle correct license)			
Drivers license Number:			_____

<p>Expiry Date: Have you lost any demerit points recently? If YES how many do you have left? Please include a copy of your License - NZ or Overseas</p>	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 10px;"/> Yes / No <hr style="border: 0; border-top: 1px solid black; margin-top: 10px;"/>
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START DATES	
Can you state a possible date that you can commence employment with The Whakatōhea Māori Trust Board? If "NO" please specify details:	

PREVIOUS WORK EXPERIENCE

Please list any previous or current employment in the last 10 years (show most recent employer first).

Employer/location	Employed from/to	Nature of Work	Reason for leaving

Please list reasons for any breaks in employment history above

WORK SKILLS AND EXPERIENCE

Outline the relevant skills that you consider make you a suitable candidate for this position:

Outline the relevant experience that you have had.

EDUCATION

Name of Secondary School you attended:

What is your highest secondary school qualification?

Please list any qualifications, certificates or courses attended:

Cert/Dip/BA/MA	Year	Subject (major)	Result	Institution

OTHER QUALIFICATIONS/SKILLS HELD:

Typing speed – If applicable

Nil / Moderate / High

Ability to speak Te Reo

Nil / Moderate / High

Are you undertaking any other studies at this present time?

Are there any other achievements you are proud of in your personal, academic or working life you would like to share with us?

HEALTH SECTION

The purpose of gathering the following information is to help the Board with its obligations under the Health & Safety in Employment Act 1992 and amendments, which requires the Board to take steps to ensure employee safety by eliminating potential risk of injury and recurrence of injury

Do you consent to undergo a medical examination if you are offered employment to assess your fitness for the job that you are applying for?	Yes / No
Have you ever had a work related accident/injury? If yes, what was the nature of this injury?	Yes / No
Have you fully recovered from this injury?	Yes / No
Did you receive medical attention for this injury?	Yes / No
Was a claim filed with ACC?	Yes / No
Do you suffer from any of the following?	
Asthma, tuberculosis, lung disease	Yes / No
Dermatitis or eczema	Yes / No
Hearing Loss	Yes / No
Diabetes	Yes / No
Heart Disease	Yes / No
Blackouts, fits or seizures	Yes / No
Color Blindness	Yes / No
Have you ever been a carrier of Giardia, salmonella, campylobacter, shigella, listeria, yersinia, vibrio, hepatitis A, B, C or any other infectious disease?	Yes / No

<p>Do you have any other medical condition, injury (for example hearing difficulties or any other factor that could affect your ability to undertake, or be aggravated by, the roles that you have applied for, or your employment in general?</p> <p>If “yes”, please specify details:</p>	<p>Yes / No</p>
<p>Are you taking any prescribed medication that may have an impact on your ability to safely perform your duties?</p>	
<p>Note: A prior OOS (RSI) or back condition may not prevent you from working with The Whakatōhea Māori Trust Board, although injury documentation may be requested. Note: Failure to disclose may affect future entitlements under the Injury and Prevention, Rehabilitation, and Compensation Act 2001.</p>	

CONFLICTS

<p>Are you involved in any activities that could be in conflict with your duties and responsibilities with the Board?</p> <p>If “yes”, please specify details:</p>	<p>Yes / No</p>
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REASONS FOR APPLYING

<p>In one sentence, why do you want to work for the Board?</p>	
<p>What experience do you bring to the position?</p>	

CONVICTIONS

<p>Have you, within the last 10 years: -</p> <ol style="list-style-type: none"> 1. Been convicted of an offence against the Investment Advisors (Disclosure) Act 1996 or 2. Of a crime involving dishonesty under the Crimes Act 1961? 3. Or been a director or principal officer for a body corporate at the time of body corporate committed an offence against the Injury and Prevention, Rehabilitation, and Compensation Act 2001 or 4. A crime involving dishonesty under the Crimes Act 1961? 5. Or been adjudged bankrupt; or been prohibited by an Act or by a Court from taking part in the management of a Board or business? 	<p>Yes / No</p> <p>Yes / No</p> <p>Yes / No</p> <p>Yes / No</p> <p>Yes / No</p>
<p>If you answered “yes” to any of these questions, please specify details:</p>	

Have you, within the last ten years, 1. Been charged with a criminal offence, or 2. Had any other criminal convictions in NZ or overseas? Note: This includes minor offence, drug related or other for which 'Diversion' was imposed.	Yes / No Yes / No
If "yes", please specify details:	
Have you in the last ten years had your employment terminated as a result of an employer taking disciplinary action against you?	Yes / No
If "yes", please specify details:	

PRIOR COMMITMENTS	
Do you have any prior obligations which may require your absence from work: (e.g. prebooked holiday, NZ Armed Forces, Study, Secondary Employment)	Yes / No
If "yes", please specify details:	

REFERENCES (two)	
The names of two people to whom you have reported directly to: -	
<ul style="list-style-type: none"> • Preferably from your two most recent employers together with the Business name, their address, or location, occupation, phone number and the person's position title. • These people must be contactable to provide further information about you and your previous work performance. • If you have had only one employer, use two referees from the same business. Following a formal offer of employment, we reserve the right to contact your present employer prior to employment. 	
Name:	
Address:	
Telephone:	Title:
Name:	
Address:	
Telephone:	Title:

Present Employers:	Permission to Contact:	Answer Yes or No
	Name	

APPLICATION INFORMATION

The information you provide on this application form will be collected and stored by The Whakatōhea Māori Trust Board. If you are unsuccessful in your application, this form will be destroyed, unless otherwise mutually agreed.

This information is being collected for the purpose of assisting us to assess suitability for employment with The Whakatōhea Māori Trust Board. If you are successful, it may also be used, with your permission after it has been updated, to assess suitability for subsequent changes of employment within The Whakatōhea Māori Trust Board.

If you require any special assistance to complete this form, please advise the person you are dealing with of your requirements.

STATEMENT OF AGREEMENT

I have no objections to The Whakatōhea Māori Trust Board verifying the statements I have made on this application form; however, I understand that my present employer will not be contacted without my consent.

I acknowledge that The Whakatōhea Māori Trust Board may contact the above referees for further information.

I agree to The Whakatōhea Māori Trust Board retaining information contained in this application form for the purposes of considering my suitability for any other position which may arise with the employer in the future.

I agree to undertake a criminal check if I am short-listed for a position.

I declare that all information given is accurate and correct, and I have not omitted any relevant information.

I am aware that providing false or misleading information will be considered a serious disciplinary offence.

I agree that if I am chosen as the preferred candidate for a position, and I have answered "yes" to any of the Health Section questions, I may be required to have a medical assessment by a medical assessor chosen by the Company and at the Companies cost.

In the event I am required to undergo a medical assessment I consent to the Company receiving the relevant medical information from the assessor.

I certify that the above statements are true and complete to the best of my knowledge and belief. I acknowledge that any appointment offered to me will be in reliance of these statements and that false and incomplete information will be grounds for withdrawal of any offer for employment, or termination of employment, or loss of entitlement for any compensation from ACC.

Signature:

Date:

Please Send Completed

- Application Form
- A covering letter,
- Copies of Current Qualifications
- Curriculum Vitae
- Copy of Drivers License to:

Attention: HR Co ordinator
Whakatōhea Maori Trust Board
PO Box 207
OPOTIKI

For administration purposes only:

Date application received: _____ **Time application received:** _____

Received by: _____