



Otago Community Hospice
PO Box 8002, 293 North Road, North East Valley, Dunedin

CONFIDENTIAL APPLICATION FOR EMPLOYMENT
(to be completed by applicant)

Privacy Statement

As per the Privacy Act 1993, the following information sought will be used for personnel management purposes only. The information will be kept secure and only authorised personnel will have access. Inadequate completion of this form may impede Otago Community Hospice's ability to fairly assess your application.

Position applied for: _____

Dr / Mr / Mrs / Miss / Ms / Other – (please circle - for mailing purposes only)

Full name: _____
(first name) (surname)

Present mailing address: _____
Post Code: _____

Telephone: (Home) _____ (Work) _____

E-mail Address: _____

Are you legally entitled to work in New Zealand [] Yes [] No

(This means having New Zealand Citizenship, permanent residency or a current work permit)

Do you have, or have you had, any health problem that could recur or be made worse as a result of carrying out the duties of this position? [] Yes [] No

If yes, please provide details:

Have you had any court convictions? : [] Yes [] No

If yes, please provide details:

Have you worked for the Otago Community Hospice before? [] Yes [] No

If yes, what position? _____ When? _____

Do you have a current / valid driver's licence? [] Yes [] No

WORK EXPERIENCE – PAID AND VOLUNTARY Please list current employer first

Name and Address	Nature of Work	Length of Service

EDUCATION / TRAINING QUALIFICATIONS: (highest level achieved, as well as relevant technical or special qualifications and relevant courses attended)

Education/Training/Qualification/Course Name and Details	Year attained (for verification purposes only)

Other relevant skills / abilities: *(possibly developed in the home or community)*

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REFEREES *(at least two)*

1 Name: _____

Address: _____

Phone Number: (Day) _____ (After Hours) _____

2 Name: _____

Address: _____

Phone Number: (Day) _____ (After Hours) _____

• I give consent / do not give consent to Otago Community Hospice to contact my present employer: _____ Phone: _____

• I am available to commence employment on _____ (Date)

I declare that the information supplied by me in this application (and if applicable, the attached curriculum vitae) is true. I acknowledge that if I have provided incorrect or misleading information, or have omitted information of significance, I may be disqualified from the appointment, or if appointed, be liable for dismissal.

Signature of applicant: _____ Date: _____