



Confidential Job Application Form 3.19 Doc
Please complete all sections

Application Date: _____ Position applied for: _____

Personal Information

Mr/Ms/Mrs/Dr (Other)	First Name:	Last Name:
Preferred Name:		
Previous Names (if any):		
Address:		
Phone:	Mobile:	Email:
Legal entitlement to work in New Zealand: NZ Citizen: <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Current Work Visa <input type="checkbox"/>		
Work Visa number:		Work Visa expiry date:
Have you applied at WALSH Trust before? Yes <input type="checkbox"/> No <input type="checkbox"/>		Date of application: _____ Position: _____
Do you hold a current clean full drivers license? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Have you any criminal convictions, not including any concealed under the Criminal Records (Clean Slate) Act? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide brief details (e.g. date, type of offence etc):		
Are you awaiting any charges in a Court of Law? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please provide brief details:		
What is your notice period from your present employer?		

Health Conditions

Do you have any injuries or medical condition/s which may affect your ability to carry out effectively the functions and responsibilities of the position applied for? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please provide details:
Do you have any injury or medical condition caused by a gradual process, disease or infection, e.g. repetitive strain injury that may be aggravated or further contributed to by the tasks of the position applied for? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please provide details:
Are you prepared to abide by WALSH Trust's Health & Safety Policy and Procedures: Yes <input type="checkbox"/> No <input type="checkbox"/>

Education and Training

School/College/University	Years	Achievement Level

Equal Employment Opportunities

Information in this section is for EEO opportunities data collection only. **It is not used in the selection process**

Gender: Male Female

Ethnicity: Which of the following groups do you **most** identify with:

- NZ Pakeha
- New Zealand Maori
- European (please specify)
- Pacific Island (please specify)
- Asian (please specify)
- American (please specify)
- African (please specify)
- Other (please specify)

Work Experience		
Current Employer		
Company:	Address:	
Supervisor:		
Job Title:	Date Started:	Date Finished:
Job Description:		
Reason for Leaving:		
Previous Employer		
Company:	Address:	
Supervisor:		
Job Title:	Date Started:	Date Finished:
Job Description:		
Reason for Leaving:		
Previous Employer		
Company:	Address:	
Supervisor:		
Job Title:	Date Started:	Date Finished:
Job Description:		
Reason for Leaving:		

References (Please provide two)		
Name:	Relationship:	
Phone: Mob:	Address:	
Email:		

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Email:		

I heard about this vacancy through:

Newspaper <input type="checkbox"/>	WALSH Website <input type="checkbox"/>	Seek <input type="checkbox"/>	MyJobSpace <input type="checkbox"/>	TradeMe <input type="checkbox"/>	WALSH Employee <input type="checkbox"/>	Other please specify <input type="checkbox"/>
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I declare that the answers to the questions in this application are true and complete. I understand that if I have provided false or misleading information, or I have omitted any important information, I may be disqualified for appointment, or if appointed, this may lead to the termination of my employment. To assist the process of this application, I authorise the collection of information regarding my character, work performance and academic ability from any previous employers, schools, other educational institutions, and referees. I understand all information collected is solely for the purpose of this application and will be held securely, and accorded suitable confidentiality. I give consent to the WALSH Trust retaining the information contained in this application form for the purposes of considering my suitability for any other position, which may arise with the WALSH Trust in the future.

Signature of applicant

Date

Thank you for your application

Please send your completed form and copy of your CV to: Reception Administrator, WALSH Trust, PO Box 21865, Henderson 0650

Alternatively you may hand in your completed form and CV to our receptionist at 8, Hickory Ave, Henderson or email to: reception@walsh.org.nz