



Employment Application Form

PART 1:

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

The Application Form is a source of information that will be used by Christchurch Radiology Group to consider your suitability for the position for which you are applying. If successful, such information will form part of our staff records. Failure to supply the information requested may prejudice our ability of 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 Privacy Officer where the information is held.

The staff records are located in our Accounts Clerk's office and are available on request.

Your signature below is acceptance of the above.

Dated: ___ / ___ / ___

Signed: _____

Name: _____



Employment Application Form

PART 2: CONFIDENTIAL *TO BE COMPLETED PERSONALLY BY APPLICANT.*

Date of Application: ____ / ____ / ____

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

PURPOSE

This information is collected for the purpose of assessing your suitability for employment at Christchurch Radiology Group, which may include subsequent changes in employment with the company. **Please print in block letters**

Position applied for _____

Mr / Mrs / Miss / Ms (please circle appropriate choice)

Surname: _____

Given Names (circle name used): _____

Are you known by any other name(s): Yes No

If you have answered yes, please provide details:

Number & Street: _____

Suburb & Town: _____ Post Code: _____

Home Phone No: _____ Mobile No: _____

Passport Nationality: _____ Passport No: _____



STATUS

Do you have the right to work in NZ?

Yes

No

If you have answered yes, what is that right based upon?

I undertake to provide a copy of my birth certificate; permanent residency or work permit within 24 hours of a request whether verbal or written.

Are you an assisted immigrant under bond to the government or any other employer?

Yes

No

If you have answered yes, what are the details?:

Education including University, further education etc. (where applicable)

Name of secondary school(s) / Tertiary institutes attended

Dates

Names



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Qualifications (School Certificate, University Entrance, NCEA) subjects

Other Qualifications and Subjects completed

Languages

Can you speak any language(s) other than English?

Please describe the skills you hold which are relevant to the position applied for (e.g. for a typist – typing speed, work processing capability, shorthand capability etc)



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COMPLETE EMPLOYMENT HISTORY

Present or Most Recent Employer (From _____ to _____):

Company: _____

Address: _____

Job Held: _____

Main Duties: _____

No. of hours worked per week: _____

Reason for leaving: _____

For the purposes of compliance with the Privacy Act 1993, do you consent to the company contacting your present employer for the purposes of reference checking?

Yes

No

Next Most Recent Employer (From _____ to _____):

Company: _____

Address: _____

Job Held: _____

Main Duties: _____

No. of hours worked per week: _____

Reason for leaving: _____



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Further Employment Details:

Please give details of all other previous employment and take care to explain any gaps between jobs:

Dates	Employer	Position

(Please attach a separate sheet if more space is required)

Do you have other employment that you intend to continue with if you are offered this position?

Yes

No

If you have answered yes, please provide details:

If your spouse / partner works in the company's industry or any organisation that does business similar to this company, please provide their:

Occupation: _____ Employer: _____



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REFEREES

Give name, address and telephone numbers of at least three referees from previous employment and include at least one where the person was less 'senior' to you or at least no more 'senior':

Name: _____ Position: _____

Address: _____ Phone No: _____

Name: _____ Position: _____

Address: _____ Phone No: _____

Name: _____ Position: _____

Address: _____ Phone No: _____

If your application proceeds and all terms and conditions of employment agreed on and accepted, when could you commence employment?

I consent to the company seeking verbal or written information about me from my previous employers and / or referees and authorise the information sought, to be released.

Yes

No

If you have answered yes:

_____ Signature

_____ Date



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GENERAL

Are you prepared to work overtime if required?

Yes

No

Have you ever been convicted of a criminal offence?

Yes

No

You can obtain confidential advice about answering this question free from the Employment Relations info line 0800 800 863

If you have answered yes, please provide details:

Are you awaiting the hearing of charges in a civil or criminal court of law?

Yes

No

If you have answered yes, please provide details:

Are you prepared to handle all products, materials or equipment used in this industry?

Yes

No



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Do you have a current driver licence?

Yes

No

If you have answered yes, what class? _____

Driver licence number: _____

Do you agree to provide a copy of your driver licence if requested to do so?

Yes

No

Do you have any demerit points or endorsements?

Yes

No

If you have answered yes, please detail when and what for:

What transport arrangements do you have to attend your place of employment?

Are you a member of any territorial force unit?

Yes

No

If you have answered yes, have you completed whole time training?

Yes

No



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

MEDICAL

Do you smoke? Yes No

Do you agree to undergo a medical examination relevant to the job if required?

Yes No

Are you allergic to, or have any sensitivity to any substances or chemicals?

Yes No

If you have answered yes, please specify:

Do you require corrective lenses or contact lenses?

Yes No



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Have you ever suffered from a back injury requiring time off work?

Yes No

If you have answered yes, please detail when and what for:

Have you claimed accident compensation in the last 12 months?

Yes No

If you have answered yes, please detail:

Do you have any condition, injury or illness that may affect your ability to effectively carry out the functions and responsibilities of the position applied for or impact on the company, its business or staff?

Yes No

If you have answered yes, please detail:



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In your past employment have you been exposed to:

Noise Yes No

Asbestos Yes No

Heavy metals Yes No

Solvents Yes No

Skin irritants Yes No

Infectious material Yes No

If you have answered yes, please detail:

Has your work ever been affected by stress or mental health problems (e.g. depression, anxiety)?

Yes No

If you have answered yes, please explain:



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Have you ever suffered from long-standing fatigue or tiredness?

Yes

No

If you have answered yes, please explain:

Have you ever had problems at work arising from personality clashes, your attitudes or behaviour or conflicts with another staff member?

Yes

No

If you have answered yes, please explain:

Has your use of alcohol and/or drugs ever affected your work performance?

Yes

No

If you have answered yes, please explain:



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Have you ever had difficulties coping with change or other stressful events in the workplace?

Yes

No

If you have answered yes, please explain:

Have you ever needed to take more than your sick-leave allocation?

Yes

No

If you have answered yes, please explain:



APPLICANT TO TAKE RESPONSIBILITY

AGREEMENT

I agree and accept that by undertaking certain tasks appointed by the company that it does not constitute a job offer or the commencement of employment and I hereby accept that this is part of the job interview.

Declaration:

I declare:

- that my answers in this application are true and not misleading; and
- that there is no further information that may be relevant that I have not told you about.

I acknowledge:

- that if you employ me, you are relying on the truth and completeness of my answers and therefore;
- that if in the company's opinion 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 may compromise my access and receipt of ACC compensation.

_____ Signature

_____ Date