

## Application Form

Please submit a Curriculum Vitae detailing your employment history, skills/attributes, and any relevant education / qualification details along with this application form.

### Personal Information

Position Applied For: (the position)

Title: (tick one)

 Mr  Mrs  Miss  Ms  Dr  Other

Surname:

First names:

Middle Names:

Date of Birth:

Place of Birth:

Are you or have you ever been known by any other name(s)? (If so please give details) i.e. Maiden Name / Name Changed by Deed Pole

  


Present Home Address:

  


Email address:

Work:

Telephone Number:

Home:  
Mandatory

 ( )

Work:

 ( )

May we contact you at work?

 Yes  No

Mobile Ph:

Are you legally entitled to work in NZ?

 Yes  No

If you are legally entitled to work because you have a permit please indicate when that permit expires. If successful with your application we will request a copy of your work permit.

Expiry Date:

Salary Expectations for this position:

\$

### Criminal and Driving Record Information

Please note that this check is subject to the Criminal Records (Clean Slate) Act 2004.

Have you ever been convicted of a crime in New Zealand or in any other country?

 Yes  No

Please note that under the Criminal Records (Clean Slate) Act 2004, you do not need to declare a New Zealand conviction if all of the following apply:

- It has been 7 or more years since your most recent conviction and you have not re-offended; and
- You have never had a custodial sentence imposed upon you (including detention at home, in hospital or at any secure facility); and
- You have paid any fines/costs/compensation/reparation.

**However, regardless of how long ago you were convicted, you are not eligible to conceal your conviction if:**

- You have ever been convicted of a sexual offence; or
- You have ever been disqualified from holding a driver license for repeat offending involving alcohol/drugs; or
- The conviction was from overseas.

Are there any charges against you yet to be heard?  Yes  No

Have you ever changed your name by Statutory Declaration?  Yes  No

If you answered Yes to any of above, please provide details:

  

### Disciplinary Action Information

Has your professional body, current employer or any prior employers taken any disciplinary action against you in the past or is there any action pending, which may affect your ability to carry out the duties required for the position you are applying?  Yes  No

Have you ever been dismissed from employment or resigned from employment because of a disciplinary process?  Yes  No

If yes, please specify details:

  

### Health & Wellbeing

Have you ever suffered from a significant injury or illness that would inhibit you from carrying out the position successfully?  Yes  No

If yes, please provide details and any actions required to minimise the injury & provide you with a safe workplace.

  
  

### Employment History Information

#### Present Employer:

Company Name:

Company Address:

Company Phone Number: (not mobile) ( )  Company Website:

Your Position:

Who did you report to? (Title and Name of person)

Your Main Duties/Responsibilities:

Length of service: From: (MM/YY)  |  To: (MM/YY)  |

Reason for leaving:

Salary/Hourly Rate: (optional)  Hours worked per week:

I request VS and/or agent to contact my present employer to verify this information.  Yes  No

Once I receive a conditional offer of employment. Unless you request, no approach will be made to your present employer before an offer of employment is made, in which case the job offer may be made "subject to" the receipt of a satisfactory reference from your present employer.

## Previous Employer:

Company Name:

Company Address:

Company Phone Number: (not mobile)

Company Website:

Your Position:

Who did you report to?  
(Title and Name of person)

Your Main Duties/Responsibilities:

Length of service:

From: (MM/YY)

To: (MM/YY)

Reason for leaving:

Salary/Hourly Rate: (optional)

Hours worked per week:

## General

Are you able to work outside normal day time hours?

Yes  No

If yes, please give brief details of preference:

  

If your application is accepted, when could you commence work?

  

Do you intend to engage in other paid work whilst employed in this position?

Yes  No

Are you a member of a territorial force unit or volunteer fire brigade?

Yes  No

Do you have a current drivers licence?

Yes  No

Do you have your own transport?

Yes  No

## Referees: Please provide three referee's we can contact (2 work and 1 external stakeholder you engaged with)

Name:

Company & Position

Contact Phone Number:

Relationship to you:

Name:

Company & Position

Contact Phone Number:

Relationship to you:

Name:

Company & Position

Contact Phone Number:

Relationship to you:

### **The Privacy Act 1993**

The information you supply on this form is solely to assess your suitability for employment with Victim Support. Failure to complete all sections truthfully will render this application invalid and should you have been successful in your application, may be grounds for summary dismissal.

This information will be held in Victim Support personnel files and retained for ongoing employment use if you are appointed. No information will be disclosed to third parties without your authorisation, except as required by law. Information on unsuccessful candidates will be kept confidential and will be destroyed after 12 months. You have the right to view your personal information held by Victim Support and may request for it to be corrected if necessary.

### **Authority and Declaration**

I authorise Victim Support and/or its agent to collect such personal information about me from me and the referees provided by me as is necessary to assess my suitability for employment with Victim Support. I understand that with this authorisation, should I be employed by Victim Support, it consents equally to subsequent enquiries. I authorise Victim Support to disclose such personal information as is necessary for the same purpose.

I also authorise the referees holding such information about me to disclose that information to Victim Support for the same purpose. I declare that I have read the above Privacy Act statement and I am aware of the rights under the Privacy Act 1993. I certify that the information provided is correct and no information has been omitted. I understand that any incorrect, misleading or omitted information may disqualify me for appointment, or if I am appointed, make me liable for dismissal.

I authorise Victim Support to use the information that I have provided, should I be appointed, for any claims under the Accident Insurance Act 2000, the Human Rights Act 1993 and the Health and Safety in Employment Act 1992.

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Candidates Signature:

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Date:

***Thank you for completing this form.***