

## APPLICATION FOR EMPLOYMENT

### PERSONAL INFORMATION UNDER THE PRIVACY ACT 1993

The information you provide on this form will be used to process your application and assess your suitability for employment with Cancer Society Of NZ Central Districts Division Inc. Please complete this as fully as you can. If insufficient information is provided your application may not be considered.

People having direct access to this information may include the Chief Executive, immediate Manager, interview panel and staff responsible for the position.

You have a right to access personal information about you and seek any correction you think necessary to ensure accuracy. You are however advised that any request for *evaluative/opinion* based material held on you will be declined.

This information will be securely held in the Society's files for a maximum period of up to six months from the time an appointment is made, after that time it will be destroyed, unless you are the appointee in which case the information will be placed on your personal file.

NOTE: Completion of this form **does not** indicate any commitment to employ you.

Name of Applicant \_\_\_\_\_

Date of Application: \_\_\_\_\_

Position Applied for: **Health Promoter/Health Educator - Manawatu**

Closing date: **By 5pm Friday, 9<sup>th</sup> December 2022**

Please include: **Cover Letter  
Completed Application for Employment form (including this page)  
Curriculum Vitae (CV)**

Email to: **recruitment@cancercd.org.nz**

*This application is to be completed personally by the job applicant.*

| 1. PERSONAL INFORMATION             |   |
|-------------------------------------|---|
| Title                               | Mr / Mrs / Miss / Ms / Other (please state) |
| Surname:                            |   |
| Given Names (underline name used):  |   |
| Are you known by any other name(s)? |   |
| Date of Birth <i>(Optional)</i> :   |   |

| 2. YOUR CONTACT DETAILS |  |
|-------------------------|--|
| Number & Street:        |  |
| Suburb & Town:          |  |
| Contact Phone Number:   |  |
| Email address:          |  |

| 3. ETHNICITY   |   |
|--|---|
| <i>This information is collected for:</i><br><i>statistical purposes, to support cultural identity, and to support staff with English as a second language</i> |   |
| Where were you born? (town/Country)  |   |
| What Ethnicity do you identify with?   |   |
| Iwi Affiliation (s)  |   |
| What languages do you speak?   |   |
| Residence/employment status in NZ?   | <b>NZ born / NZ citizen / permanent resident</b><br><b>Work Visa / Student Visa / other</b> |
| Please give details of your current Visa status :<br><br><br><br>  |   |

#### 4. EDUCATION and QUALIFICATION

Please state any qualifications that you hold that are relevant to the position applied for:

#### 5. EMPLOYMENT HISTORY

**Please give details of your current or most recent Employer (please do not state refer to CV)**

|                    |  |
|--------------------|--|
| Company            |  |
| Position held      |  |
| Main duties        |  |
| Hours per week     |  |
| Reason For leaving |  |

**Next most recent Employment**

|                    |  |
|--------------------|--|
| Company            |  |
| Position held      |  |
| Main duties        |  |
| Hours per week     |  |
| Reason For leaving |  |

**Next most recent Employment**

|                    |  |
|--------------------|--|
| Company            |  |
| Position held      |  |
| Main duties        |  |
| Hours per week     |  |
| Reason For leaving |  |

## 6. OTHER WORK/LIFE EXPERIENCES AND INTERESTS

Please give details of any other work or life experiences or any Voluntary work that may be relevant  
What are your Hobbies, Interests, Clubs, Affiliations, or community activities?

## 7. HEALTH & WELLBEING

Have you had or do you have an injury or medical condition caused by gradual process, by disease or infection, (e.g. hearing loss, sensitivity to chemicals, repetitive strain injuries) which the tasks of this job may aggravate or contribute to, or that we can provide support to facilitate your work engagement (eg seating, desks)?

YES / NO

**If yes, please give details or attach records**

Are there any medical or long-term conditions re your general health that we should be aware of – the Cancer Society provides support for employees with a range of medical conditions and ongoing health concerns

YES / NO

**If yes, please give details**

The Cancer Society is totally **smoke & vape free** at all times. **Can you uphold this policy?**

YES / NO

The Cancer Society requires that **ALL staff are vaccinated against Covid** (mandatory)

YES / NO

**Can you uphold this policy?**

*(note - if you are appointed you will be required to provide evidence of Covid Vaccinations, and we may also require annual Influenza vaccination for some or all positions)*

## 8. IDENTITY AND VERIFICATION

Have you ever been convicted of a criminal offence?

YES / NO

Are you awaiting the hearing of charges in a civil or criminal court of law, or have Bankruptcy or Competency rulings pending or in place?

YES / NO

If offered this position, do you agree to authorise the Cancer Society to obtain a copy of personal information held on you by the Department of Courts / NZ Police / MoJ?

YES / NO

**Establishing and verifying identity:**

Please supply photo ID with your application from at least one of these options – driver's license / passport / 18+card OR some other form of identification that can verify your identity

| 9. GENERAL INFORMATION  |          |
|---|----------|
| What is the reason/motivation for your interest in this role?   |          |
| Do you have a current and <u>full</u> New Zealand Driver's License?   | YES / NO |
| Driver's Licence Restrictions:  |          |
| Driver's License Number:  |          |
| Do you have a well maintained vehicle that you could access for work purposes?  | YES / NO |
| Do you have any existing personal, religious, or family, or other commitments, or conflicts of interest that could make it difficult for you to fulfil the role (whether continually or from time to time) <i>disclosure ensures we can address flexi hours for prospective employees?</i><br><b>If YES please give details</b> | YES / NO |
| If offered this position do you intend to engage in any other paid or Voluntary work?<br><b>If YES , please give details</b>  | YES / NO |
| Are you a member of any territorial force unit? (military, rural fire etc)<br><b>If YES please give details</b>   | YES / NO |
| Are you prepared to work out of normal work hours, if required?   | YES / NO |
| What would your Salary expectation for this position be?<br><i>Please state annual rate or an hourly rate</i>   | \$       |
| Is there anything that you would discuss or disclose at interview that is confidential, and that you do not wish to document here? <i>(gives us an opportunity for private discussion that will not be documented)</i>  | YES / NO |
| Is there anything else that you wish to add to this application, or anything that would be useful to you, or to the Cancer Society in assessing your suitability for the role?  | YES / NO |

## 10. REFEREES AND INTERVIEWS

Please supply the names, relationships, and contact details of at least three (3) people who we can contact. At least 2 of these should be people you have **reported directly** to eg. Manager or supervisors.

1)

2)

3)

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

*(We will only contact referees if you are short listed for the position).*

**YES / NO**

As part of our commitment to the Tiriti o Waitangi (Treaty of Waitangi) we invite applicants who are short listed for interview to bring whānau or support people to the interview. If you are selected for an interview do you wish to bring whānau /support people with you? If YES, please give names & details (so we ensure that sufficient space is made available)

**YES / NO**

## 11. DECLARATION

I, \_\_\_\_\_ (full name)

**Declare that to the best of my knowledge, the answers to the questions in this application are correct and were completed by me.**

**I understand that if any false or misleading information is given, or any material fact withheld, I may not be accepted or considered for the position.**

**AND if I am employed, and any aspect of this application is found to be false or misleading there may be disciplinary action up to and including immediate dismissal.**

**Signature**

**Date**