

All candidates that are being interviewed for a position at the Cancer Society of New Zealand Canterbury - West Coast Division Inc are requested to complete this form. This information is being collected so that can recruit the most suitable candidates for vacant positions.

The treatment of any information provided will comply with the Privacy Act 1993 and any amendments. The information will be stored in secure files and some elements will be held on computer storage disk. This information may be corrected at any time by you. If you are unsuccessful in securing a position, this document will be destroyed after the recruitment process has concluded.

Please complete the following:

Position applied for:	
How did you learn of this vacancy?	
Have you worked for Cancer Society of New Zealand Canterbury - West Coast Division Inc before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when?	
Are you legally entitled to work in New Zealand? (i.e. as a citizen/permanent resident) <input type="checkbox"/> Yes <input type="checkbox"/> No	
If not, do you have a current Work Permit or Visa? <input type="checkbox"/> Yes <input type="checkbox"/> No	
When does your Visa expire?	
Visa type (if applicable) <input type="checkbox"/> Permanent Resident <input type="checkbox"/> Work <input type="checkbox"/> Student	
Passport Nationality:	Passport Number:

Cancer Society of New Zealand Canterbury - West Coast Division Inc uses this information to confirm your entitlement to work in New Zealand. Where applicable, a copy of your Visa must be attached. All new employees must complete this section.

A – Personal Details	
First name(s):	Surname:
Preferred name:	
Home address and postcode:	
Postal address (if different from above):	
Email address:	
Daytime phone number: ()	May we contact you at work? <input type="checkbox"/> Yes <input type="checkbox"/> No
Cellphone:	Evening phone number:

B – Fitness to Undertake Work

The following information is required to assist Cancer Society of New Zealand Canterbury - West Coast Division Inc to meet its obligations under the Health and Safety at Work Act 2015, the Injury Prevention, Rehabilitation and Compensation Act 2001, to assess your ability to perform the duties of the position safely and to ensure that you are not in a position where you could be placed in a situation of harm.

Please answer all of the following questions in the context of the position applied for. (Further information on the tasks of the position can be found in the position description).

Please answer these questions accurately as misrepresentation may not entitle you to ACC Compensation, and if employed, may constitute grounds for dismissal.

Have you ever had significant time off work (within the last two years) as a result of an illness, injury or infection that may affect your ability to perform the job you are applying for? Yes No

If yes, please give details:

Have you ever suffered any back injury or back strain? Yes No

If yes, please give details:

Have you, or have you ever had, an injury or medical condition caused by gradual process, disease or infection which the position applied for may aggravate (for example, hearing loss, sensitivity to chemicals [e.g. dermatitis] or repetitive strain injuries [e.g. OOS])? Yes No

If yes, please give details:

If yes, what accommodation or assistance would you require to work safely in the position applied for? (Please give details.)

Do you have any other medical conditions, injury, impairment (including allergies, chemical sensitivities, hearing or eyesight difficulties) or any other factor that could affect your ability to undertake or be aggravated by the role that you have applied for or your employment in general, or which might affect you from attending work regularly? Yes No

If yes, please give details:

Note: A prior OOS (RSI) or back condition may not prevent you working for Cancer Society of New Zealand Canterbury - West Coast Division Inc, although injury documentation may be requested.

If you have answered 'Yes' to any of the above questions, or at the reasonable request of Cancer Society of New Zealand Canterbury - West Coast Division Inc, do you agree to obtain a medical opinion to determine whether it is safe for you to perform the tasks of the position applied for? Yes No

C – Licences

- Do you have a current driving licence? Yes No
- If yes, which type of license? Restricted Full Learners
- Have you any current or pending endorsements? Yes No
- If yes, please provide details:
- Do you have any current or pending demerit points or license restrictions? Yes No
- If yes, please provide details:

D – Smoking and Vaping

The Cancer Society is committed to improving community well-being by reducing the incidence and impact of cancer. The Cancer Society endorses the goal for a Smokefree Aotearoa by 2025 and advocates for discouraging smoking and vaping in public places.

- Do you currently or intend to smoke cigarettes? Yes No
- Do you currently or intend to use vaping products? Yes No

E – Criminal Record

As you are applying for a position at Cancer Society of New Zealand Canterbury - West Coast Division Inc, we require a high level of trust and confidence in any potential employee. Please advise whether you have ever been convicted of any criminal offence, other than traffic offences, or are awaiting the hearing of criminal charges.

- Have you ever been convicted of a criminal offence in New Zealand or any other country? Yes No
- Are there any charges against you yet to be heard? Yes No
- If you answered 'Yes' to either or both of the above questions, please provide details of the type of offence, and date:
- Do you consent to completing a police check if requested? Yes No

F – Attendance Record

In the past two years, have you been absent from work for a continuous period of more than 2 weeks, other than for annual holidays?

Yes

No

If yes, please give details:

Do you have any commitments or interests which may interrupt your regular attendance at work, e.g. territorial training, study,?

Yes

No

If yes, please give details:

G – Expected wage rate/salary

\$

H – Covid 19 Vaccination

Have you been vaccinated for the Covid 19 virus?

Yes

No

If not, do you intend getting the vaccination when available to you?

Yes

No

If yes, do you consent to providing a copy of your Covid 19 Vaccination Record Card for our records?

Yes

No

I – Declaration

I understand that all information provided by me, including my curriculum vitae/resume, licences, references and any assessment tests will be held by Cancer Society of New Zealand Canterbury - West Coast Division Inc to be used for the purpose of evaluating my qualifications, experience and suitability for employment.

I have disclosed any illness or injury which I believe might affect my capacity to safely undertake the duties involved in this position.

I declare that the information I have supplied is given voluntarily and is, to the best of my knowledge, true, accurate and complete in all respects. I understand that if I withhold relevant information or supply false or misleading information my application may not be further considered. I also understand that my employment may be terminated if, after investigation, Cancer Society of New Zealand Canterbury - West Coast Division Inc discovers that any information I have provided is false or misleading.

Signature:

Date: