



TE RARAWA

APPLICATION FOR EMPLOYMENT

POSITION APPLIED FOR		DATE	
PERSONAL INFORMATION			
Family Name:			
Given Names:			
Contact Address:			
Date of Birth:			
Next of Kin Name, Relationship (Parent/Wife/etc) & Contact Number:			
Email Address:			
Contact Phone:	Day	Evening	
Have you reached the current school leaving age			Yes/No
Are you legally entitled to work in New Zealand? As:			Yes/No Yes/No
<ul style="list-style-type: none"> • A New Zealand citizen A permanent resident • A holder of a current work permit 			

EDUCATION AND TRAINING		
Schools and institutions attended	Dates	Courses taken and qualifications gained
Do you have any other qualifications/certificates/licenses or attended any courses? (Give details)		



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Present or most recent employer		
Company:		
Address:		
Position Held:		
Main duties:		
No. of hours per week:		
Length of service:		
Reason for leaving:		
For the purposes of compliance with the Privacy Act 2020, do you consent to the company contacting your present employer for the purposes of reference checking.		Yes/No
Next most recent employer		
Company:		
Address:		
Position Held:		
Main duties:		
No. of hours per week:		
Length of service:		
Reason for leaving:		
Next most recent employer		
Company:		
Address:		
Position Held:		
Main duties:		
No. of hours per week:		
Length of service:		
Reason for leaving:		
Have you ever worked for this company or an associated company before?		Yes/No
If yes, where and when:		
Do you have secondary employment?		Yes/No
If yes, please detail:		

COMPULSORY:

- Please supply a cover letter introducing yourself and what has motivated you to apply for this role.
- Please supply a curriculum vitae (C.V.) that provides evidence of NZQA or Industry training qualifications as well as a list of license numbers attained complimentary to this role.
- Please give examples of previous positions held where you have had set specific tasks and applied some actions to achieve the result.



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REFEREES

Give name, address and telephone numbers of at least two referees.

<i>Name</i>	<i>Position</i>	<i>Address</i>	<i>Phone No.</i>

I consent to the company seeking verbal or written information on a confidential basis about me from representatives of my previous employers and/or referees and authorise the information sought to be released by them to the company for the purposes of ascertaining my suitability for the position for which I am applying. I understand that the information received by the company is supplied in confidence as evaluative material and will not be disclosed to me.

Signature: Date:

GENERAL

Do you have any criminal convictions, not including any concealed under the Criminal Records (Clean Slate) Act? If yes, please detail:	Yes/No
Have you been the subject of a Diversion ordered by the courts?	Yes/No
Are you awaiting the hearing of any criminal charges? If yes, please detail:	Yes/No
Do you have a current driver's licence? (photocopy both sides please) (minimum requirement to drive a company vehicle is a Restricted Licence) If yes, what classes?	Yes/No
Driver's License no:	
Do you have any demerit points or endorsements?	Yes/No
Do you have any civil legal proceedings against you pending? If yes, please detail:	Yes/No



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MEDICAL

Have you ever suffered with or currently suffer with any of the following? If yes, please provide more details, including any treatment/medication: Tetanus, Leptospirosis, Diabetes, Hepatitis:	
Epilepsy, Seizures (Fits), convulsions, blackouts, dizzy spells:	Yes/No
Skin conditions (eg eczema, dermatitis):	Yes/No
Back sprain/strain:	Yes/No
Hearing loss / Vision disturbances:	Yes/No
Lung conditions (eg wheezing, bronchitis, asthma):	Yes/No
Shoulders, elbows, wrists or hands conditions:	Yes/No
Hips, knees, ankles or feet conditions:	Yes/No
Allergies or sensitivities:	Yes/No
Do you have difficulty wearing any Personal Protective Equipment (PPE) such as: glasses, goggles, boots, earmuffs or plugs, respirator, face shield?	Yes/No
Have you ever had an ACC claim for an injury or disease that may prevent you from completing the duties you will be employed for? If yes, then please provide more detail including dates and if your claim is still open:	Yes/No
If you are offered employment, the offer may be made subject to your obtaining a full medical clearance (by completion of medical examination) to <u>assess your fitness for the job for which you are applying.</u>	Yes/No
Do you consent to undergo a medical examination if you are offered employment?	Yes/No

PRIVACY ACT CONSENT

Do you consent to the company retaining the information contained in this application form for the purpose of considering your suitability for any other position that may arise with this company in the future?	Yes/No
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DECLARATION

I.....(full name) declare that to the best of my knowledge the information provided in this application and in any resume enclosed is accurate and I understand that if any false or misleading information is given, or any material fact suppressed, I will not be employed, or if I am employed, my employment may be terminated. [I further understand that any offer of employment if made is conditional on my obtaining a full medical clearance]

Signature: Date:

PLEASE ATTACH ANY SUPPORTING DOCUMENTS TO THIS APPLICATION
(e.g. **qualification certificates, letters of reference, CV and cover letter**)

Section 1: Agency to complete

For more information please see the [Guide to PVS Request & Consent Form](#)

(<https://www.police.govt.nz/advice-services/businesses-and-organisations/nz-police-vetting-service/forms-and-guides>)

This form refers to the [Policing \(Police Vetting\) Amendment Bill](#) ("Vetting Bill"), which is expected to amend the Policing Act 2008

1.1 Name of agency submitting vetting request

1.2 Name of the person being vetted

1.3 Description of the role of the person being vetted

This is a brief description of the role (not the job title). This is used by Police to help decide what type of vet is conducted if it is unclear from the following questions.

1.4 Which groups will the person being vetted be working with (select all that apply):

☐ Children/ Young People

☐ Vulnerable Adults

1.5 Does the role involve caring for people in the home of the person being vetted?

This is about whether the person being vetted is providing services out of their own home (that is, are vulnerable children or adults visiting the home of the person being vetted for support).

☐ Yes

☐ No

1.6 Is the person being vetted:

☐ A paid worker

☐ A volunteer

☐ Undertaking vocational or educational training

1.7 Is the person being vetted a Children's Worker according to the [Children's Act 2014, section 23\(1\)](#)?

If the person being vetted is not working with children/ young people (Q 1.4), tick 'No' then skip to question 1.11.

If the person being vetted IS working with children (Q 1.4) AND is a volunteer (Q 1.6), tick 'No' then skip to question 1.9.

☐ Yes

☐ No (skip to question 1.9)

1.8 Is the role of the person being vetted a core or non-core worker role according to the Children's Act 2014, section 23(1)?

☐ Core worker

☐ Non-core worker

1.9 Has the person being vetted previously been Police vetted by your agency?

☐ Yes

☐ No (skip to question 1.11)

1.10 Is the person being vetted still working in the role for which your agency last obtained a Police vet?

If this request is a renewal of the person's previous vet for this role, please select Yes. Otherwise, answer No.

☐ Yes

☐ No – the person being vetted is applying for a new role or position

1.11 What is the job title of the person being vetted?

This is the title of the job they are being vetted for.

1.12 Evidence of identity (to be completed by agency representative or identity referee)

[See the consent form guide for details on how to complete this section](#)

☐ A primary ID has been sighted (mandatory)

☐ A secondary ID has been sighted (mandatory)

☐ One form of ID is photographic (mandatory)

☐ Evidence of name change has been sighted (if applicable)

OR: *If your agency is able to accept a verified RealMe identity then:*

☐ An assertion of a RealMe identity has been received (see the [consent form guide](#) for further information)

In making this request, I confirm that:

- ✓ I have complied and will comply with the [Approved Agency Agreement](#) and the [Vetting Bill](#).
- ✓ I am satisfied as to the identity of the person being vetted.
- ✓ I have obtained the authorisation of the person being vetted to submit this vetting request as set out in section 2.4 of this form.
- ✓ For vetting requests on individuals aged 14 or 15, I have obtained the authorisation of a parent or guardian.

Agency Representative:

Full name:

Date: (dd/mm/yyyy)

Signature:

Electronic signature: *

☐

* If applicable, ticking this box constitutes an electronic signature and your consent for its use in this form.

Section 2: Person being vetted to complete and return to agency

This form refers to the [Policing \(Police Vetting\) Amendment Bill](#) (“Vetting Bill”), which is expected to amend the Policing Act 2008

The purpose of this form is to allow the New Zealand Police Vetting Service to confirm who you are using Police records, carry out a Police vet, and obtain your consent to share any relevant information with the agency that requested the vet.

What you are consenting to. You are agreeing that the Police Vetting Service can share relevant information they hold about you (if any) with the requesting agency. This information will be used to help the agency decide whether you are suitable for the role they are considering you for or that you are engaged in.

The information that may be shared is outlined in *section 2.4* of this form. For further details, you should refer to the [Vetting Bill](#) or visit the [Police vetting website](#).

Who collects your consent. The agency requesting the Police vet will collect your signed consent.

The law that applies. Your consent is required by law. We are asking for your consent under the [Vetting Bill](#).

Your rights under the Privacy Act 2020 include: you may request a copy of the Police vet report provided to the agency by contacting the agency. You can withdraw your consent to a Police vet at any time before the vetting process is complete by contacting the agency. The agency may keep the Police vet only for as long as required for vetting purposes.

You may request correction of your personal information at any time at [police.govt.nz -> requesting information](https://police.govt.nz/requesting-information).

How long the information is valid for. The information in the Police vet is correct only at the time it is shared. It is up to the agency to decide how often they ask for updated vetting.

2.1 Personal information

* Mandatory field

Family/ last name *		(that you are most commonly known by)	
Given/ first and middle name(s) *			
Gender *		Date of birth * (dd/mm/yyyy)	(must be 14 years of age or over)
Place of birth (Town/ City/ State)			
Country of birth *			
NZ Driver Licence number			
Name of parent or guardian		(if person being vetted is 14 or 15 years old *)	

2.2 Other names

Please include all other names you are or have been known by. Including, but not limited to: previous legal names (eg. maiden names, or due to divorce or adoption), aliases used, name changes by deed poll. Include ALL names - first, middle and last.

Family name	First name	Middle names

Continued on following page...

2.3 Permanent residential address

* Mandatory field

Flat/ number - and street name *			
Suburb		Post Code	
Town/ City *			

2.4 Your consent to share information

1. **A Police vet will include the following information, if held by New Zealand Police.** Please refer to the [Police vetting website](#) for more information regarding the [Clean Slate Scheme](#), what may be released, and the vetting process.

Either:

- a. A result indicating that no information is held or relevant to the purpose of the vetting request,

Or, one or both of:

- b. The vetting subject's criminal record (if any), unless the Clean Slate Scheme applies.
c. A summary of other information that is readily retrievable, relevant to the purpose of the vetting request, and deemed accurate.

This may include pending charges, charges without conviction, youth court charges, infringement offences, demerit points, arrest warrants, involvement in family violence, overseas convictions, police investigations without charges, interactions with Police, and other information held by Police.

Information may also be released where it is subject to a suppression order or statutory prohibition, involves offences by individuals under 18, or relates to mental health or substance abuse issues.

2. If you are vetted as a Children's Worker, and you continue to hold that role, the Police Vetting Service may release any newly obtained relevant information to the requesting agency at any time.

The Police Vetting Service will take reasonable steps to:

- a. confirm that the purpose of the Police vet remains valid – for example, that you are still employed or engaged as a Children's Worker, and
b. notify you before any information is disclosed.

3. Information provided in this consent form may be used to update New Zealand Police records.

Authorisation of person being vetted:

- ✓ I confirm that the information I have provided in this form is about me and is correct.
- ✓ I have read and understood the information above.
- ✓ I authorise New Zealand Police to disclose any personal information relevant to this application (as described above) to the agency making this request.

Full name:		Date: (dd/mm/yyyy)	
Signature:		Electronic signature: *	<input type="checkbox"/>

If you are 14 or 15 years of age (as at the date of the application) please provide consent from a parent or guardian.

Parent/Guardian's full name:		Date: (dd/mm/yyyy)	
Parent/Guardian's signature:		Electronic signature: *	<input type="checkbox"/>

* If applicable, ticking this box constitutes an electronic signature and your consent for its use in this form.