

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?			Yes/No
As:			Yes/No
A New Zealand citizen			Yes/No
A permanent resident			Yes/No
A holder of a current work permit			Yes/No
EDUCATION AND TRAINING			
<i>Schools and institutions attended</i>	<i>Dates</i>	<i>Courses taken and qualifications gained</i>	
Do you have any other qualifications/certificates/licenses or attended any courses? (Give details)			

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
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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:	

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 drivers license?(photocopy both sides please) If yes, what classes?	
Drivers 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

MEDICAL

Have you ever suffered with or currently suffer with any of the following? If yes, please provide more detail including any treatment/medication: Tetanus, Leptospirosis, Diabetes, Hepatitis:	Yes/No

Epilepsy, Fits, convulsions, blackouts, dizzy spells:	

Skin conditions (eg eczema, dermatitis):	

Back sprain/strain:	

Hearing loss / Vision disturbances:	

Lung conditions (eg wheezing, bronchitis, asthma):	

Shoulders, elbows, wrists or hands conditions:	

Hips, knees, ankles or feet conditions:	

Allergies or sensitivities:	

Do you have difficulty wearing any Personal Protective Equipment (PPE) such as: glasses, goggles, boots, earmuffs or plugs, respirator, face shield?	

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:	

If you are offered employment, the offer may be made subject to your obtaining a full medical clearance (by completion of medical examination) to assess your fitness for the job for which you are applying.	
Do you consent to undergo a medical examination if you are offered employment?	Yes/No
Are you comfortable working in a mandated vaccination workplace?	Yes/No

PRIVACY ACT CONSENT

Do you consent to the company retaining the information contained in this application form for the purposes 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:

Section 1: Approved Agency to complete

(For more information please see the [Guide to Completing the Consent Form](#) -

<http://www.police.govt.nz/advice/businesses-and-organisations/vetting/forms-and-guides>)

Name of Approved Agency submitting vetting request:

Name of Applicant to be vetted:

Description of Applicant's role:

Applicant's purpose

- | | | | |
|--|--|---|--------------------------------------|
| <input type="checkbox"/> Employee | <input type="checkbox"/> Contractor/Consultant | <input type="checkbox"/> Volunteer | <input type="checkbox"/> Prosecution |
| <input type="checkbox"/> Vocational Training | <input type="checkbox"/> Licence/Registration | <input type="checkbox"/> Visa/Work Permit | <input type="checkbox"/> Other |

What group(s) will the applicant have contact with in their role for your agency?

- | | | | |
|---|----------------------------------|--|--------------------------------|
| <input type="checkbox"/> Children/Youth | <input type="checkbox"/> Elderly | <input type="checkbox"/> Other Vulnerable Adults | <input type="checkbox"/> Other |
|---|----------------------------------|--|--------------------------------|

What is the applicant's *primary* role for your agency?

- | | | | |
|--|---|-------------------------------------|------------------------------------|
| <input type="checkbox"/> Caregiving (Children) | <input type="checkbox"/> Caregiving (Vulnerable adults) | <input type="checkbox"/> Healthcare | <input type="checkbox"/> Education |
| <input type="checkbox"/> Other | | | |

Is this request mandatory under the Vulnerable Children Act 2014 (VCA)?

- | | |
|--|--|
| <input type="checkbox"/> Yes (VCA Core Worker) | <input type="checkbox"/> Yes (VCA Non-Core Worker) |
| <input type="checkbox"/> No (mandatory under other legislation/optional/standard Police Vet) | |

If this is a mandatory Vulnerable Children Act request, please specify the check reason below:

- | | |
|--|---|
| <input type="checkbox"/> New Children's Worker | <input type="checkbox"/> Existing Children's Worker |
| <input type="checkbox"/> VCA Renewal | |

Evidence of Identity (to be completed by agency representative/delegate or identity referee - see [guide](#) for details)

- A primary ID has been sighted (Mandatory – see the [guide](#) for further details)
- A secondary ID has been sighted (Mandatory – see the [guide](#) for further details)
- One form of ID is photographic (Mandatory – see the [guide](#) for further details)
- Evidence of name change has been sighted (if applicable)

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

- An assertion of a RealMe identity has been received (see [guide](#) for further information).

In making this request, I confirm that:

- ✓ I have complied and will comply with the [Approved Agency Agreement](#)
- ✓ I am satisfied with the correctness of the applicant's identity
- ✓ I have obtained the Applicant's authorisation to submit this vetting request as set out in section 3 of this form

Approved Agency Authorised Representative:

Name: _____ Date: _____

Signature: _____ Electronic Signature

Name of Approved Agency submitting vetting request:

Section 2: Applicant to complete and return to Approved Agency

**Denotes a mandatory field*

Personal Information

Details (note: the name you are most commonly known by is your primary name)

*Family name (Primary):

Given name(s):

*Gender: (M) (F) (Other) *Date of birth:
(dd/mm/yyyy)

Place of birth:
(Town/City/State)

*Country of birth

NZ Driver Licence number:

Previous names: If applicable, please include other alias or alternate names; married name if not your primary name; previous/maiden/name changed by deed poll or statutory declaration.

Family name	First name	Middle names
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Permanent Residential Address

*Number/Street:

Suburb: Post Code:

*City/Town/Rural District:

Vetting Service Request & Consent Form

Section 3: Applicant to complete and return to Approved Agency

Consent to release information

1. The New Zealand Police may release **any** information they hold relevant to the purpose of this vetting request. This includes:
 - Conviction histories and infringement/demerit reports
 - Active charges and warrants to arrest
 - Charges that did not result in a conviction including those that were acquitted, discharged without conviction, diverted or withdrawn
 - **Any** interaction I have had with New Zealand Police considered relevant to the role being vetted, including investigations that did not result in prosecution
 - Information regarding family violence where I was the victim, offender or witness to an incident or offence, primarily in cases where the role being vetted takes place in a home environment where exposure to physical or verbal violence could place vulnerable persons at emotional or physical risk.
 - Information subject to name suppression where that information is necessary to the purpose of the vet
2. If I am eligible under the Criminal Records (Clean Slate) Act 2004, my conviction history will not be released **unless**:
 - a. Section 19(3) of the Clean Slate Act applies to this request (exceptions to the clean slate regime)
 - b. Section 31(3) of the Vulnerable Children Act 2014 applies to this request (safety checks of core children's workers).
 - c. The vetting request is made by an individual for the purpose of an overseas Visa/Work Permit as a Privacy Act request authorising the vetting result to be provided directly to the relevant embassy, high commission or consulate.

Please see the [guide](#) for more information regarding the Clean Slate legislation.

3. The Police Vetting Service may disclose new relevant information to the Approved Agency after the completion of the Police Vet in the following circumstances:
 - The disclosure of the newly-obtained information is considered to be justified under the Privacy Act 1993 (if it had existed or been available at the time of the Police vet, it would have been disclosed); and
 - The Police Vetting Service has ascertained that the purpose of the Police vet (e.g. employment role) still exists.

The Vetting Service will endeavour to notify you prior to the disclosure.

4. Information provided in this consent form may be used to update New Zealand Police records.
5. I am entitled to a copy of the vetting result released to the Approved Agency (to be provided by the agency) and can seek a correction by contacting the Vetting Service.
6. The Approved Agency will securely dispose of this consent form, copies of identification documents and the vetting result within 12 months of receiving the result unless a longer retention period is required by legislation.
7. I may withdraw this consent, prior to Police's disclosure of the vetting result, by notifying the Approved Agency.

For further information, please see the [Guide to Completing the Consent Form](#).

Applicant's Authorisation:

- ✓ I confirm that the information I have provided in this form relates to me and is correct.
- ✓ I have read and understood the information above.
- ✓ I authorise New Zealand Police to disclose any personal information it considers relevant to my application (as described above) to the Approved Agency making this request for the purpose of assessing my suitability at any time.

Name: _____

Date: _____

Signature: _____

Electronic
Signature