APPLICATION FOR EMPLOYMENT

KUMEU VILLAGE
LUXURY REST HOME HOSPITAL DEMENTIA CARE
WELLNESS CENTRE AND THE VINEYARD VILLA
PHONE 09 412 9112 FAX 09 412 2113 kumeuvillage.co.nz

ROLE

_____

PERSONAL DETAILS

Name _____

Address _____

Phone _____ Email _____

RIGHT TO WORK	**YES**	**NO**
Are you a New Zealand resident?	◯	◯
If no, do you have a current work permit?	◯	◯

If yes: Visa type _____ Exiry date _____

HOURS OF WORK	**YES**	**NO**
Are you prepared to work overtime if required to do so?	◯	◯
Can you work shift work?	◯	◯

Please tell us what days and shifts you are able to work? Please tick all that apply.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning (0700 – 1500)	◯	◯	◯	◯	◯	◯	◯
Afternoon (1500 – 2300)	◯	◯	◯	◯	◯	◯	◯
Night (2300 – 0700)	◯	◯	◯	◯	◯	◯	◯
Not Available	◯	◯	◯	◯	◯	◯	◯

HEALTH & DISABILITIES	**YES**	**NO**
Do you have any disabilities or medical conditions that would impact this role?	◯	◯
Have you had any injuries or medical condition caused by a gradual process, disease or infection which could be made worse by working? e.g. hearing loss, sensitivity to chemicals, repetitive strain injuries	◯	◯

If you have answered yes to either of these questions, please provide details _____

_____

_____

CRIMINAL CONVICTIONS	**YES**	**NO**
Have you been convicted of a criminal offence (including serous traffic offences)?	◯	◯
Are you awaiting the hearing of charges in a civil or criminal court of law?	◯	◯

If you have answered yes to either of these question, please tell us the dates, the charge and the outcome: _____

_____

_____

OTHER	YES	NO
Do you have a current driver's licence and/or reliable transport?	◯	◯
Do you have excellent written and spoken English?	◯	◯
Is there anything that may prevent you from fulfilling the responsibilities of this role?	◯	◯

If yes, please explain. _____

_____

_____

TELL US MORE ABOUT YOURSELF

What experience do you have that is relevant to this role?

What qualifications do you have that are relevant to this role?

What makes you a good candidate for this position?

Why are you interested in this job?

******* PLEASE ATTACH YOUR CV TO THIS APPLICATION *******

PLEASE COMPLETE THE FOLLOWING:	YES	NO
I am on-time, reliable and work well as part of a team	◯	◯
My performance meets the work standards in my current position	◯	◯
I have not had employee corrective action in the last 6 months	◯	◯
I am not currently in a performance improvement process	◯	◯
I have not had more than 5 days sick in the last year	◯	◯

Declaration and Authorisation

The information provided in this application form is complete and correct to the best of my knowledge. If any of the information I have given is false, or misleading, or any material fact is suppressed, I understand that I will not be offered employment or my employment will be terminated. I also understand that any false information given in relation to any aspect of my medical history can result in my loss of entitlement for any compensation from ACC.

I also understand that if I have omitted any information regarding criminal and traffic offences that my employment may be terminated immediately.

Signature _____ Date _____

HEALTH QUESTIONNAIRE

KUMEU VILLAGE
LUXURY REST HOME HOSPITAL DEMENTIA CARE
WELLNESS CENTRE AND THE VINEYARD VILLA
PHONE 09 412 9112 FAX 09 412 2113 kumeuvillage.co.nz

APPLICANT _____ **ROLE** _____

This information is collected for the purpose of ensuring the safety of all employees and residents within the home. This information will be confidential to Human Resources, the Manager, Clinical Coordinator and Company Doctor.

Do you currently suffer from, or have a history of, the following?	**YES**	**NO**
AIDS or HIV positive	◯	◯
Asthma or chronic cough	◯	◯
Back or Neck pain or injury	◯	◯
Boils, paronychia or skin wounds, skin rash	◯	◯
Dermatitis/eczema	◯	◯
Diabetes	◯	◯
Epilepsy	◯	◯
Gout	◯	◯
Heart Disorders	◯	◯
Hepatitis or known carrier	◯	◯
Hypertension (high blood pressure)	◯	◯
Latex allergy	◯	◯
MRSA Infection	◯	◯
Osteoarthritis	◯	◯
Persistent diarrhoea / vomiting	◯	◯
Psychiatric Illness	◯	◯
Rheumatoid arthritis	◯	◯
Tuberculosis	◯	◯
A notifiable communicable disease	◯	◯

Have ever suffered from or had treatment for any of the following?	**YES**	**NO**
A serious injury	◯	◯
Back or neck pain or injury	◯	◯
Head injury	◯	◯
Hepatitis A, B or C	◯	◯
MRSA infection	◯	◯
Psychiatric illness	◯	◯

Are you up to date with these vaccines?	**YES**	**NO**
Hepatitis A	◯	◯
Hepatitis B	◯	◯
Influenza	◯	◯
Measles	◯	◯
Meningitis	◯	◯
Tetanus	◯	◯
Tuberculosis	◯	◯

Other	**YES**	**NO**
Have you ever been exposed to MRSA?	◯	◯
Are you pregnant?	◯	◯

PLEASE NOTE

A. This facility is Smoke Free.
B. If you have answered YES to any of number 1, 2, 4 or 5 you may be required to obtain a medical clearance from your Doctor.
C. If you have answered YES to being vaccinated for Hepatitis B, you may be required to show proof of vaccination.
D. We offer flu vaccinations to employees annually free of cost.
E. You are reminded that you must declare any notifiable disease to your employer.
F. Due to the working environment, we recommend you are fully vaccinated and keep your vaccinations up to date.

DECLARATION

I declare that the above information is correct and i have read and agreed to the notes above.

Signature _____ Date _____

Infectious Diseases Notifiable to a Medical Officer of Health and Local Authority

Acute gastroenteritis	Campylobateriosis	Cholera	Crytosporidiosis	Giardiasis	Listeriosis
Legionellosis	Salmonellosis	Meningoencephalitis	Typhoid	Shigellosis	Paratyphoid Fever
	Yersiniosis				

Infectious Disease Notifiable to Medical Officer of Health

AIDS	Anthrax	Arboviral diseases	Brucellosis	Diphtheria	Haemophilus
Influenzae B	Hepatitis	Hydatid Disease	Leprosy	Leptospirosis	Malaria
Mumps	Pertussis	Plague	Poliomyelitis	Rabies	Rheumatic Fever
Rickettsial Diseases	Rubella	Yellow fever	Viral haemorrhagic	Creutzfeldt Jakob disease	
Other spongiform encephalopathies					