

# Kumeu Village Aged Care

## APPLICATION FOR EMPLOYMENT

Attached is an application for employment form which you are requested too personally complete.

The application form is a source of information that will be used by us to consider your suitability for the position for which you are applying. If successful, such information will form part of our personnel records. Failure to supply the information requested would prejudice our ability to assess your suitability for the position.

In accordance with the Privacy Act 2020, We collect personal information from staff, including information about your:

- Name
- Contact information and details of contact person in case of emergency
- CV with work history, referees and references, qualifications, APC
- Tax and bank details
- Driver's license and/or passport details (if required)

We collect your personal information in order to:

- Employ the right person for the position

Providing some information is optional. If you choose not to enter a work history or references, or consent to a police vetting, we'll be unable to offer employment.

We keep your information safe by storing it in a secure place and it is only accessible to authorised personnel.

You have the right to ask for a copy of any personal information we hold about you, and to ask for it to be corrected if you think it is wrong. If you'd like to ask for a copy of your information, or to have it corrected.

You are entitled to access this information upon request to the manager where the information is held.

This location is currently in Elmo and/or Leecare which are both secure applications used by Kumeu Village. A hard copy in our locked filing cabinet located in the management office.

### **We would like to keep your application form and CV as part of our records.**

If you agree, please sign where indicated. If you choose not to sign and your application is unsuccessful your application form and CV shall be either returned to you or destroyed by us. The above information is provided in accordance with the Privacy Act 2020.

Full Name:	
Signature	
Date	

# Kumeu Village Aged Care

## APPLICATION FOR EMPLOYMENT

This form is to be completed personally by the applicant. The Information you provide in this form is used as part of the recruitment decision to appoint. If you were to be appointed to the role, this form, and the information you have provided will be held by Kumeu Village as part of your personnel file. If you are not successful, this form will be destroyed.

Position applied for: \_\_\_\_\_ Date: \_\_\_\_\_

### Personal Details

Mr / Mrs / Ms / Miss / Dr

First name: \_\_\_\_\_ Surname: \_\_\_\_\_

Date of birth (optional): \_\_\_\_\_

Address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Mobile phone: \_\_\_\_\_ Email address: \_\_\_\_\_

Country of Birth: \_\_\_\_\_

NHI Number: \_\_\_\_\_

Ethnicity: \_\_\_\_\_

Are you a New Zealand resident?  Yes  No  Not Applicable

If no, do you have residential status?  Yes  No  Not Applicable

If no, do you have a current work permit?  Yes  No  Not Applicable

Are you an assisted immigrant under bond to the government or any other employee?  Yes  No  Not Applicable

**If you are offered a position, you will be asked to supply evidence of your identification and if required entitlement to work in New Zealand. E.g. a birth certificate, passport, or work permits.**

## Work History

### Present or most recent employer:

Your position start date: \_\_\_\_\_ Finish date: \_\_\_\_\_

Organisation: \_\_\_\_\_

Address: \_\_\_\_\_

Outline your main responsibilities for this role: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What is/was your 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  Not Applicable

### Next most recent employer:

Your position start date: \_\_\_\_\_ Finish date: \_\_\_\_\_

Organisation: \_\_\_\_\_

Address: \_\_\_\_\_

Outline your main responsibilities for this role: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What is/was your reason for leaving? \_\_\_\_\_

\_\_\_\_\_

Have you worked for Kumeu Village / Ladybug before?  Yes  No

Do you have secondary employment?  Yes  No  Not Applicable

If yes, please give details: \_\_\_\_\_

Give details of any other job which may be relevant: \_\_\_\_\_

Briefly explain the reasons why you are seeking this position:

## Education

This includes tertiary or further education if applicable:

Secondary school attended: \_\_\_\_\_

Number of years attended: \_\_\_\_\_

Qualification gained: \_\_\_\_\_

Other Educational Institutes attended: \_\_\_\_\_

Number of years attended: \_\_\_\_\_

Qualification gained: \_\_\_\_\_

Other qualifications: \_\_\_\_\_

## General

Is English your first language?  Yes  No

If English is not your first language what is? \_\_\_\_\_

What other languages do you speak? \_\_\_\_\_

Do you have any disabilities or medical conditions that would prevent you from carrying out the responsibilities of this position? **Applicants are advised that failure to disclose any condition that could affect their ability to fulfil their duties to the required and expected standard that they were employed, may result in their employment being terminated.**

Yes  No

If yes, please provide details: \_\_\_\_\_

Have you had any injuries or medical condition caused by a gradual process, disease, or infection which the responsibilities of this position may aggravate or contribute to? e.g. hearing loss, sensitivity to chemicals, repetitive strain injuries

Yes  No

If yes, please provide details of these injuries or medical conditions; \_\_\_\_\_

Have you been convicted of a criminal offence (including serious traffic offences)?

Yes  No

Are you awaiting the hearing of charges in a civil or criminal court of law?

Yes  No

**If you have answered yes to either of the above questions, please give brief details of conviction and charges at the end of this form (except those cases where our asking you to declare them would breach the Criminal Records (Clean Slate) Act 2004). Please note you will be required to fill out a "Consent to Disclosure of Information Form" which is forwarded to the NZ Police for vetting.**

Do you have a current driver's licence?

Yes  No

Are you prepared to work overtime if required to do so?

Yes  No

Are you prepared to work at another facility if required?

Yes  No

Are you prepared to work shifts?

Yes  No

Are you prepared to be flexible & cover shifts to help the team out?

Yes  No

Have you reached the minimum school leaving age?

Yes  No

Are you prepared to have random Covid Swab Tests?

Yes  No

What transport arrangements do you have to attend work? \_\_\_\_\_

If your application is accepted, when could you commence employment?

What are your interests/hobbies or community activities? \_\_\_\_\_

Are there any other commitments or reasons you have that may prevent you from fulfilling the responsibilities of this position?

Yes  No

If you have answered yes, please give a reason: \_\_\_\_\_

## Referees

**Please provide the name, address, and telephone number of three referees. Two of the referees must be work related, the third can be a personal referee of suitable standing or position in the community, it cannot be a friend, or relative. If you have provided a written reference, please be aware that we may contact that referee.**

### Referee One:

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Company and address: \_\_\_\_\_  
\_\_\_\_\_

Telephone number: \_\_\_\_\_

### Referee Two:

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Company and address: \_\_\_\_\_  
\_\_\_\_\_

Telephone number: \_\_\_\_\_

### Referee Three:

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Company and address: \_\_\_\_\_  
\_\_\_\_\_

Telephone number: \_\_\_\_\_

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

Yes       No

## 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 may 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 authorise Kumeu Village to contact the nominated referees and authorise the release of the information as requested.

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

**Name of Applicant:** \_\_\_\_\_

**Signature of applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## Details of Convictions and Charges

***Applicants are advised that failure to disclose a criminal conviction may result in not being employed or employment being terminated.***

**Date of Offence:** \_\_\_\_\_

**Give a full account of the offence:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Outcome:** \_\_\_\_\_

\_\_\_\_\_

# Kumeu Village Aged Care

## HEALTH QUESTIONNAIRE FOR JOB APPLICANTS

Date: \_\_\_\_\_

Full Name of Applicant: \_\_\_\_\_

Completion of this form is optional. If you choose not to complete it, you will be required to obtain a medical clearance from your doctor before we will be able to offer you employment.

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 the Manager, Clinical Coordinator and Company Doctor.

### 1. DO YOU CURRENTLY SUFFER FROM OR HAVE A HISTORY OF THE FOLLOWING?

	YES	NO
MRSA Infection .....	<input type="checkbox"/>	<input type="checkbox"/>
Hypertension (high blood pressure) .....	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes.....	<input type="checkbox"/>	<input type="checkbox"/>
Asthma or chronic cough .....	<input type="checkbox"/>	<input type="checkbox"/>
Epilepsy .....	<input type="checkbox"/>	<input type="checkbox"/>
Heart Disorders .....	<input type="checkbox"/>	<input type="checkbox"/>
Back or Neck pain or injury .....	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis or known carrier .....	<input type="checkbox"/>	<input type="checkbox"/>
AIDS or HIV positive .....	<input type="checkbox"/>	<input type="checkbox"/>
Psychiatric Illness .....	<input type="checkbox"/>	<input type="checkbox"/>
A Notifiable Communicable Disease (see over) .....	<input type="checkbox"/>	<input type="checkbox"/>
Tuberculosis.....	<input type="checkbox"/>	<input type="checkbox"/>
Boils, paronychia or skin wounds, skin rash.....	<input type="checkbox"/>	<input type="checkbox"/>
Persistent diarrhoea / vomiting.....	<input type="checkbox"/>	<input type="checkbox"/>
Osteoarthritis.....	<input type="checkbox"/>	<input type="checkbox"/>
Rheumatoid arthritis.....	<input type="checkbox"/>	<input type="checkbox"/>
Gout .....	<input type="checkbox"/>	<input type="checkbox"/>
Dermatitis/eczema .....	<input type="checkbox"/>	<input type="checkbox"/>
Known latex allergy .....	<input type="checkbox"/>	<input type="checkbox"/>

### 2. HAVE YOU EVER HAD TREATMENT FOR:

MRSA Infection.....	<input type="checkbox"/>	<input type="checkbox"/>
Psychiatric Illness.....	<input type="checkbox"/>	<input type="checkbox"/>
Hepatitis A, B or C.....	<input type="checkbox"/>	<input type="checkbox"/>
Back or Neck pain or injury.....	<input type="checkbox"/>	<input type="checkbox"/>
A serious injury .....	<input type="checkbox"/>	<input type="checkbox"/>



<b>3. HAVE YOU HAD THE FOLLOWING VACCINATIONS?</b>	<b>YES</b>	<b>NO</b>	<b>DATE</b>
Tuberculosis .....	<input type="checkbox"/>	<input type="checkbox"/>	.....
Tetanus.....	<input type="checkbox"/>	<input type="checkbox"/>	.....
Hepatitis A .....	<input type="checkbox"/>	<input type="checkbox"/>	.....
Hepatitis B.....	<input type="checkbox"/>	<input type="checkbox"/>	.....
Measles .....	<input type="checkbox"/>	<input type="checkbox"/>	.....
Meningitis.....	<input type="checkbox"/>	<input type="checkbox"/>	.....
Influenza .....	<input type="checkbox"/>	<input type="checkbox"/>	.....
Covid .....	<input type="checkbox"/>	<input type="checkbox"/>	.....
Others (specify).....	<input type="checkbox"/>	<input type="checkbox"/>	.....

- 4. Have you ever worked in a hospital unit where MRSA was present?..... Yes  No
- 5. Are you pregnant? .....Yes  No
- 6. Do you smoke? .....Yes  No
- 7. Do you agree to undergo a medical exam if required? .....Yes  No
- 8. Are you allergic to, have any sensitivity to any substance or chemical? Yes No
- 9. Do you require corrective lenses or contact lenses? .....Yes  No
- 10. Have you claimed accident compensation in the last 12 months? .....Yes  No

**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. It is our facility policy to 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 nature of the working environment, we strongly recommend that you vaccinate yourself for the conditions listed above in number 3 prior to beginning employment with us and keep your vaccinations up to date.

I declare that the above information is correct, and I have read and agreed to the notes above:

Signed: ..... Date .....

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

Acute gastroenteritis	Campylobacteriosis
Cholera	Cryptosporidiosis
Giardiasis	Listeriosis
Legionellosis	Salmonellosis
Meningoencephalitis	Typhoid
Shigellosis	Paratyphoid Fever
Yersiniosis	

## Infectious Disease Notifiable to Medical Officer of Health

Acquired Immunodeficiency Syndrome	Anthrax
Arboviral diseases	Brucellosis
Cretzfeldt Jakob disease; and other spongiform encephalopathies	
Diphtheria	
Hepatitis (viral) – not otherwise specified	
Haemophilus Influenzae B	Hydatid Disease
Leprosy	Leptospirosis
Malaria	Mumps
Pertussis	Plague
Poliomyelitis	Rabies
Rheumatic Fever	Rickettsial Diseases
Rubella	Viral haemorrhagic fevers
Yellow fever	

As per COVID-19 Public Health Response (Vaccinations) Order 2021 it is required that people working in the health and disability sector are fully vaccinated by 1st of January 2022 and must receive their first dose of the vaccine by 15th of November 2021.

For that reason, we need to ask you:

Did you have the Covid vaccination: **First dose** Yes  No  Date: \_\_\_\_\_

**Second Dose** Yes  No  Date: \_\_\_\_\_

Evidence sighted and copied for file. Yes  No  Date: \_\_\_\_\_

If you have a medical reason not to be vaccinated, do you have evidence from a medical practitioner. Yes  No  Date: \_\_\_\_\_

# Kumeu Village Aged Care

## CONSENT TO DISCLOSURE OF INFORMATION

Licensing & Vetting Service Centre  
Police National Headquarters  
PO Box 3017  
WELLINGTON 6140

I.....  
(Surname) (Fore Names)

.....  
(Maiden or any other names used)

Sex.....(M/F) Date and place of birth.....

Nationality..... Residential Address.....

Suburb..... City.....

NZ Driver Licence number .....

I hereby consent to the disclosure by the New Zealand Police information they may have pursuant to application to Kumeu Village Aged Care. I understand that any record of criminal convictions I might have will automatically be concealed if I meet the eligibility criteria stipulated in Section 7 of the Criminal Records (Clean Slate) Act 2004.

Signed..... Date.....

### 13 COMMENTS FROM THE NEW ZEALAND POLICE

Agency code: T21541