



# APPLICATION FOR EMPLOYMENT - Confidential

This information is sought by QE Health for the purposes of this application only in accordance with the provisions of the Privacy Act 1993 for the purpose of assessing an applicant's suitability for the post. The information on this form will be disclosed to QE Health's employer representatives involved in the recruitment process.

The answers and statements in this application for employment with QE Health form part of the contract of employment. It must personally be completed and signed by the applicant.

The completion of this form does not indicate that there is any obligation on the company to engage the applicant.

APPLICANT INFORMATION		
Full Name:		
<i>First Name</i>	<i>Middle Name</i>	<i>Surname</i>
Address:		
<i>Street Address, City</i>		<i>P</i>
Phone :	(     )	Mobile:     (     )
Email:		

WORK STATUS		
Are you legally entitled to work in New Zealand?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you need a work permit to work in New Zealand?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, when does your work permit expire? <i>If successfully appointed QE Health will require a copy of your visa to hold on file</i>		
Have you ever worked for QE Health?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
		If so, when?
Are you, or have you ever been, the subject of an internal or external professional investigation and/or disciplinary process?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please provide details		

MEDICAL STATEMENT		
QE Health places a high priority on Occupational Safety and Health.		
Do you currently suffer from or been treated for, any illness or injury or medical condition(s) either physical or psychological that may be aggravated by or affect your ability to consistently perform in this position over time?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, please provide details		
Are there any activities you may find difficult performing and/or require any special equipment to perform your role?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>If yes, please provide details</i>		
Are you willing to undertake a pre-employment medical examination?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you currently on any waiting list/or pending any surgery QE Health should be aware of?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>If yes, please provide details</i>		

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GENERAL	
Have you ever been convicted of any criminal offence, excluding those offences that you are not required to disclose pursuant to the Criminal Records (clean slate) Act 2004?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please provide details	
What type of driver's licence do you hold?	Full <input type="checkbox"/> Restricted <input type="checkbox"/> Learner <input type="checkbox"/> None <input type="checkbox"/>
Do you have any past, current or pending traffic infringements? ( <i>excl parking tickets</i> )	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please provide details	
Have you ever worked at QE Health previously?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>If yes, please provide details</i>	
Do you know anyone employed by QE Health?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>If yes, please provide details</i>	
Have you ever been dismissed or agreed to resign from a position?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>If yes, please provide details</i>	
Can you hold an every day conversation in English?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Can you hold an every day conversation in a language other than English ?	Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>If yes, what language?</i>	
What are your hobbies, interests, sports, clubs or community activities?	

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## REFERENCES

Please provide full details for three professional referees QE Health can contact if you are the preferred candidate.

Full Name:	Company:
Address:	Relationship:
	Phone: ( )
Email:	
Full Name:	Company:
Address:	Relationship:
	Phone: ( )
Email:	
Full Name:	Company:
Address:	Relationship:
	Phone: ( )
Email:	

## DISCLAIMER AND SIGNATURE

I am aware that completion of this application form alone does not constitute an offer of employment.

I give QE Health approval to contact the above listed referees for the purposes of determining my suitability for the role in which I have applied. Any information will be treated in confidence.

I give QE Health permission to conduct a Police Vetting Check and/or a Ministry of Justice Criminal Background Check if required. Any information will be treated in confidence but will be used to determine my suitability for the position in which I have applied.

I certify that my answers are true and complete to the best of my knowledge. Should this application lead to an offer of employment, I understand that any false or misleading information (intentional or otherwise) in my application or interview may result in a withdrawal of the offer of employment. Should information come to light following an appointment I acknowledge this may result in immediate termination of any such employment.

Full Name:

Date:

Signed:

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