



APPLICATION FOR EMPLOYMENT

APPLICANT NOTE: This application form is intended for use in evaluating your qualifications for employment with us. Please answer appropriate questions completely and accurately.

Complete the entire application in your own hand writing even if submitting a CV.

1.POSITION APPLIED FOR	
Job Title:	
Please Attach	<input type="checkbox"/> Certificates <input type="checkbox"/> Copy of Work Visa (if Applicable)
Preferred Hours	<input type="checkbox"/> Hourly <input type="checkbox"/> Live in <input type="checkbox"/> Sleep over <input type="checkbox"/> Child care <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Casual
2.PERSONAL INFORMATION	
Family Name :	
First Name :	
Date of Birth :	
Address :	Post Code:
Telephone :	()
Mobile :	()
Email :	
3.EMERGENCY CONTACT	
Name:	
Relationship to you:	
Phone:	
Mobile:	
4.CITIZENSHIP	
Are you a New Zealand citizen or permanent resident?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If no, do you have a valid work permit?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.DRIVING	
Do you have valid driver's licence?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Licence Number	<input type="checkbox"/> Full <input type="checkbox"/> Restricted

10. SKILLS,KNOWLEDGE & EXPERIENCE(Please outline below the skills you have as related to this position)

1. Providing Social Activities	
2. Meal Preparation	
3. Assisting Dementia Clients	
4. Personal Cares	
5. House work	
6. Medication Supervision	
7. Shopping	
8. Hoist / Transfer	
9. Continence Care	
10. Stoma	
11. Child Care	

11.MEDICAL HISTORY

Please table any medical conditions - treated or untreated. E.g. stress, asthma, heart conditions, epilepsy, diabetes etc.(please give details)

Do you any history of injury that may affect your ability to work? E.g. back injury, Fractures, strains (please give details)

Are you allergic to, or do you have any sensitivity to any substance or chemicals? (please give details)

Do you have any other conditions which may affect your ability to effectively carry out the function and responsibilities of the position applied for? E.g. MRSA, Hepatitis B & C (please give details)

12. REFEREES (please give details of two people in an employment capacity for e.g. one of them as your most recent Supervisor/Manager and two people on personal basis e.g. friends or family)

	Referee 1 (professional)	Referee 2 (professional)
Referee Name:		
Company address		
Title/Position:		
Telephone:		
Mobile:		
Email:		
	Referee 1 (personal)	Referee 2 (personal)
Referee Name:		
Address:		
Relationship:		
Phone/Mobile:		

13. AUTHORITY AND DECLARATION

I hereby authorise Good Partners to collect information that assess my suitability for employment
I authorise :

- My referees to disclose personal information about me to Good Partners
- Good Partners to collect this information and to disclose it as necessary

I certify that the information provided by me in support of this application is correct, accurate and not misleading. I understand and agree that providing incorrect, inaccurate and misleading information may result in my being disqualified from the application process or summarily dismissed if I have already been employed.

Signed: -----

Name: -----

Date: -----

Thank you for submitting your application with Good Partners, we will be contacting you for an interview, if your application is successful at this stage.

SUBMITTING YOUR APPLICATION

POST:	Good Partners Homecare and Nursing P. O. Box : 1557 Invercargill, 9840
Physical Address:	74, Don Street, Invercargill
Phone :	0800 26 23 01
Fax:	03 - 2183513
Email:	hr@goodpartners.co.nz