



WAITAKI DISTRICT HEALTH SERVICES LTD.

APPLICATION FOR EMPLOYMENT

Position(s) applied for: _____

Where did you first learn of this vacancy? (e.g. Seek) _____

First Name/s: _____

Preferred / Alias Name (if applicable): _____

Middle Name: _____

Family Name: _____

Address: _____

Phone (mobile): _____

Phone (other): _____

Email: _____

Driver Licence Number (if applicable): _____

Right to Work in New Zealand

1. To be able to work legally in New Zealand you must be either a New Zealand or Australian Citizen, a New Zealand Permanent Resident or hold a valid New Zealand Work Visa. Please visit <http://www.immigration.govt.nz> for more information on the right to work in New Zealand.

Please tick which of the below applies to you:

- I am a citizen of New Zealand or Australia.
- I am a New Zealand Permanent Resident.
- I have applied for residency under the 2021 Residence Visa programme.
- I hold a valid New Zealand work visa.
- I am not eligible to work in New Zealand and require support from my employer to apply for an eligible work visa.

If you hold a work visa, please provide details, including any conditions on your visa:

Type of Visa (e.g. Essential Skills)	Expiry date:	Conditions

Criminal Convictions Declaration

Do you have any criminal convictions not covered under Section 7 of the Criminal Records (Clean Slate) Act 2004?

Yes No

Professional Misconduct Declaration

Have you had professional disciplinary action taken against you? Yes No

(If yes, you may wish to attach details of the offence/action, including when it occurred and its severity)

Health

1. Do you suffer from an illness/disability which could be aggravated by the job you have applied for?

Yes No

References

Please provide referee contact information for two managers from a previous employer who we can contact for comment on your suitability for this position, if not already provided on your C.V. These referees will not be contacted without your permission.

Referee 1		Referee 2	
Name		Name	
Relationship		Relationship	
Address		Address	
Work Phone		Work Phone	
Email		Email	

Declaration

I declare that the information I have provided in my application for employment is true and complete to the best of my knowledge. I have read the Job Description and my abilities, and commitments, health and fitness are such that I can meet all requirements of the job as I understand it. I understand that if any false or misleading information is given in my application or subsequent interview(s), or if any material fact is withheld, my application may be disqualified, or if appointed, my employment with Waitaki District Health Services may be terminated.

Your signature: _____ Date: _____

WDHSL is an Equal Opportunities Employer and supports an inclusive and diverse workplace for all staff.

Please return your completed application form and any supporting material to the contact person stated in the job advertisement. If you have not included a curriculum vitae in your application, please provide this information on page 3. If the space provided is not adequate, please continue on a separate sheet of paper.

Work History

Present and past or unpaid work including all positions held with Waitaki District Health Services Limited or its predecessors. Begin with the most recent and please state the month and year for dates.

