



Application for Employment

Odyssey House Trust (Auckland)

FORM

CONFIDENTIAL

This information is being collected for the purpose of assessing your suitability for employment at Odyssey House Trust, which may include subsequent changes in employment with the Trust.

The completion of this form does not indicate that there is any obligation on the Trust to offer you employment.

Please complete this form **in full** by either *typing or hand writing*:

Your Details

Date of application:		Position applied for:	
Your full name:		How do you like to be addressed?	
Give details of any other names you have used in the past or present:			

Contact Information

Address (in full):			
Home telephone no:		Other number(s):	
Cell phone number:			

Legal Work Status

Please **tick** if you are entitled to work in New Zealand as:

	Yes	No
A New Zealand Citizen	<input type="checkbox"/>	<input type="checkbox"/>
A Permanent Resident	<input type="checkbox"/>	<input type="checkbox"/>
A holder of a current work permit	<input type="checkbox"/>	<input type="checkbox"/>

Please use the space below to briefly describe the skills you have which you believe are relevant to the position:

Education

Name of last secondary school attended.

Highest qualifications achieved

Name of tertiary education institution(s)

Qualifications achieved (Certified True copy to be supplied if requested)

Any other relevant courses

Professional Registration (if appropriate) (Certified True copy to be supplied if requested)

Employment History

Current or Most Recent Employer:

Company:

Address:

Position(s) held:

Employed from:

	Until:	
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Duties:

Hours worked per week:

Reason for leaving:

Referee name/job title:

	Contact number:	
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Next Most Recent Employer:

Company:

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Address:

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Position(s) held:

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Employed from:

	Until:	
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Duties:

--

Hours worked per week:

--

Reason for leaving:

--

Referee name/job title:

	Contact number:	
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Next Most Recent Employer:

Company:

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Address:

--

Position(s) held:

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Employed from:

	Until:	
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Duties:

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Hours worked per week:

--

Reason for leaving:

--

Referee name/job title:

	Contact number:	
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Do you authorise Odyssey House Trust to contact your current and previous employers for the purpose of reference checking?

Yes **No**

If yes:

your signature

Date:

day	month	year
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Have you ever worked for Odyssey House before?

Yes

No

If yes, when and where?

Do you have secondary employment? Yes No

If yes, please give details:

Your Referees

Please list three referees below:

Name	Position/Organisation	Address	Phone Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

I consent to Odyssey House Trust seeking verbal or written information on a confidential basis about me from representatives of my previous employers and/or referees and authorise the information sought to be released by them to the Trust for the purposes of ascertaining my suitability for the position I am applying for.

I understand that the information received by the organisation is supplied in confidence as evaluative material and will not be disclosed to me.

Date:

Further Information

	Yes	No
Are you prepared to work shifts if required to do so?	<input type="checkbox"/>	<input type="checkbox"/>
Have you worked shifts before?	<input type="checkbox"/>	<input type="checkbox"/>
Are you prepared to work flexible hours if required?	<input type="checkbox"/>	<input type="checkbox"/>
Have you been convicted of a criminal offence (not including those covered under the Clean Slate Act)?	<input type="checkbox"/>	<input type="checkbox"/>
Are you awaiting the hearing of charges in a Civil or Criminal Court of Law?	<input type="checkbox"/>	<input type="checkbox"/>
Do you consent to Police vetting?	<input type="checkbox"/>	<input type="checkbox"/>
Do you consent to Child, Youth & Family Care Giver vetting?	<input type="checkbox"/>	<input type="checkbox"/>

Driver's License Information / Transportation

	Yes	No
Do you have a current Driver's License?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, what is your license number and class?	<input type="text"/>	
Do you have any traffic convictions?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please give details:	<input type="text"/>	
Do you have any demerit points or endorsements?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please give details...	<input type="text"/>	
Do you have any cases pending?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please give details...	<input type="text"/>	
What transport arrangements do you have to attend your place(s) of employment?	<input type="text"/>	

Health

	Yes	No
Do you have, or have you had, a medical condition caused by an injury, illness, disability or gradual process that the tasks of the vacancy you are applying for may aggravate or contribute to or that may affect your ability to carry out the work of the vacancy you are applying for?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, what are the details of the injury/medical condition?	<input type="text"/>	
How is your performance likely to be affected?	<input type="text"/>	
Have you been absent from work due to sickness or injury for 6 or more days in the last 12 months?	<input type="checkbox"/>	<input type="checkbox"/>
If yes, please give details:	<input type="text"/>	

Privacy Consent

Do you consent to Odyssey House retaining the information contained in this application form for the purposes of considering your suitability for any other position which may arise with the Trust in the future?

Yes

No

Commencement date

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

Declaration

I declare that to the best of my knowledge the answers in this application are correct and I understand that if any false or deliberately misleading information is given, or any material fact suppressed, I will not be accepted for employment, or if I am employed, my employment will be terminated.

Date:

Equal Employment Opportunities Statistics (Optional)

This information is voluntary and is gathered for statistical purposes only. It will **not form part of your application** for this position.

Gender:

Male

Female

Ethnicity:

NZ European

Maori

Pacific Islander

Asian

Other

Not Stated

Disability:

The following is the Recommended International Standard of disability used by the World Health Organisation:

“Your activity is limited by a long-term condition or health problem, that has lasted six months or more (or is expected to last six months or more).”

Do you consider yourself to be in this category?

Yes

No

Please return this application form along with your CV to:

HR Administrator
Odyssey House Trust
PO Box 56447
Dominion Road
AUCKLAND
hradmin@odyssey.org.nz
Tel: (09) 281 5653

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