

EMPLOYMENT APPLICATION FORM

Communities where people are empowered

This application form is a source of information which is used by ConneXu to assist it in considering your suitability for a position. Failure to supply the information requested would prejudice the company's ability to assess your suitability for the position. If successful, the information will form part of the company's personnel records. You should complete this form personally and attach a copy of your latest CV, ensure this contains all previous employment history, qualifications (completed and currently studying) and at least two different referees.

You are entitled to access this information upon request to:

ConneXu

P O Box 259

Te Awamutu 3840

Phone: 07 871 8847

Fax: 07 870 4572

Please note the completion of this form does not indicate that there is any obligation on ConneXu to employ you. Any offer of employment may be made subject to your completing the company's pre-employment medical to its satisfaction.

DATE OF APPLICATION			
POSITION APPLIED FOR			
YOUR FULL NAME			
ANY OTHER NAME/S			
CONTACT ADDRESS			
EMAIL ADDRESS			
PHONE NUMBERS			

WORK STATUS	Are you legally entitled to work in NZ (please tick)		
	• As a New Zealand Citizen	Yes	No
	• As a Permanent Resident	Yes	No
	• As a holder of a current work permit If yes, when does it expire?	Yes	No
EDUCATION	Please list your qualifications including apprenticeships you have completed:		
OTHER EMPLOYMENT	Have you ever worked for this company or an associated company before:		Yes No
	If, yes please provide details:		
	Do you have secondary employment in the health care sector?		Yes No
	If, yes please provide details:		
REFEREES	Please provide the names and contact details of three referees: Connexu will only contact your verbal reference providers if you receive a conditional offer of employment and you have provided consent.		
SALARY/WAGES	What are your remuneration expectations?		
START DATE	If offered employment when could you start?		

GENERAL	The work available requires shiftwork, working weekends and sleepovers for the people in our care. Are you prepared to work shift work if required?	Yes	No
	Are you prepared to work weekends?	Yes	No
	Are you prepared to work 'sleepovers'?	Yes	No
	Have you been convicted of a criminal offence (not including anything concealed under the Criminal Records (Clean Slate) Act 2004? In particular, crimes of dishonesty such as, but not limited to, burglary, theft or fraud or a crime of violence or threatening violence?	Yes	No
	Are you awaiting the hearing of charges in a civil or a criminal court case? Please provide details?	Yes	No
	Have you been the subject of a Diversion ordered by the Courts? Please provide details?	Yes	No
	Do you have any legal proceedings against you pending? If yes, please detail:	Yes	No
	ConneXu may require you to drive a company motor vehicle. Do you have a current driver licence?	Yes	No
	If yes, what class?		
	Driver Licence No/s:		
	Do you have any demerit points or endorsements?	Yes	No
	Details:		
	Are you prepared to handle all products (such as incontinence products or similar), materials or equipment (such as hoists, slings nebulisers) used in the industry?	Yes	No

CONSENTS	<p>I declare to the best of my knowledge that information contained in this application and in my CV attached is accurate and I understand that if any false or misleading information is given, or any material fact suppressed, I will be not be employed, or if I am employed, my employment may be terminated. I further understand that any offer of employment if made is conditional on my obtaining a full medical clearance.</p> <p>Signed:</p>	<p>Date:</p>
	<p>I consent to ConneXu seeking verbal or written references on a confidential basis from my referees listed in this application. I understand that the information received by the Company is supplied in confidence as evaluative material and will not be disclosed to me.</p> <p>Signed:</p>	<p>Date:</p>

Pre-Employment Health Declaration

Health and Safety at Work Act (2015)

The Health and Safety at Work Act 2015 requires all employers ensure the safety of their employees and others while at work.

ConneXu requires health information from applicants to assess their ability to safely carry out the tasks of the role applied for and to enable the organisation to meet its legal obligations to protect your health and wellbeing as well as the health and safety of those in our care. The details required in this declaration are recorded to:

- (a) Ensure that no prospective employee is placed in a role that puts them at risk of exposure to an identifiable hazard;
- (b) Ensure that no prospective employee is placed in a role where a person in our care or any other person is placed at risk;
- (c) To detect any pre-existing conditions and determine if these may be able to be supported;
- (d) Provide base line information for ongoing health monitoring.

The information is required so that you may be included in an appropriate health monitoring programme.

Privacy Act (1993)

- (a) This information will be held by ConneXu, in a secure file;
- (b) This information will only be available to Connexu's Health and Safety Co-ordinator, relevant HR personnel; the relevant manager and should the need arise, relevant medical providers;
- (c) It will be available for you to access or request correction.
- (d) Access will only be permitted to the personnel outlined above and yourself.
- (e) If for any reason you are not successful in securing employment with ConneXu, this information will be destroyed.

Medical History

Do you have, or have you had any medical or surgical condition, disability injury/illness which may be aggravated by this position or that may affect your ability to perform the duties of this role including shift work (if applicable).

Yes No

If you answered "Yes" please specify:

Have you ever experienced any sudden incapacitating events, for example, epilepsy, stroke, heart attack, migraine or asthma?

Yes No

If you answered "Yes" please specify:

Have you ever had exposure to a hazardous substance that has caused the following:

Skin problems
Respiratory condition

If you answered "Yes" to any of the questions above please specify:

Have you ever had:
Back, neck, shoulder, leg problems
Occupational overuse or Repetitive strain Injury
Strain /Sprain injuries
Any other physical conditions that may affect your work

If you answered "Yes" to any of the questions above please specify:

Do you have a mental health condition which may impact upon your ability to effectively carry out your duties or which may pose a risk to the health and safety of the people in our care?	Yes	No
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If you answered "Yes" please specify:

Are you taking any drugs or medication that may be harmful to others?	Yes	No
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Are you allergic to any medications?

If you answered "Yes" please specify:

Do you consent to Connexu lodging an ACC 'For-for-Purpose' enquiry form about your ACC History?	Yes	No
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Should your application be successful, do you consent to undergoing a medical examination if you are offered employment?	Yes	No
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In the event of an accident or illness, do you consent to ConneXu obtaining relevant medical information from the medical practitioner involved?	Yes	No
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DECLARATION

Name:.....

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