



ST GEORGE'S
HOSPITAL

A Tradition of Excellence

APPLICATION FOR EMPLOYMENT FORM

NOTE: The completion of this form does not indicate that there is any obligation on the organisation to engage the applicant. Most of this information is collected for the purpose of assessing your suitability for employment at St George's Hospital. This may include subsequent changes in employment with the Hospital. Information marked with an "*" is collected for human resource purposes and is **not** used for the purpose of assessing your suitability for employment.

PLEASE PRINT

POSITION APPLIED FOR:

DATE

A Personal Details

Mr Mrs Miss Ms Other _____

Surname

Given Names (underline name used)

Known by any other name(s)
(provide details)

Home Address

Number & street

Suburb & town

Home Telephone number

Work Telephone number

May we contact you at work? Yes No

Mobile home / work

May we contact you at work? Yes No

E-mail home / work

May we contact you at work? Yes No

Contact Person in an Emergency *

Name

Relationship

Contact Telephone No

Address

Birth Details *

Date of Birth

Day / month / year

Age

Place of Birth

Town

Country

B Work Eligibility Status

Are you a citizen of New Zealand?

Yes No

If yes, can you produce evidence if required:

Yes No

If no, do you have the right of permanent residence?

Yes No

If no, do you have a work permit (production of a Passport is required for verification)?

Yes No

Are you legally entitled to work in New Zealand?

Yes No

(Note: You may be required to produce evidence of your eligibility to work in New Zealand)

C Education and Training

Name of secondary school(s) attended	From	To
_____	_____	_____
_____	_____	_____

Qualifications (School Certificate, University Entrance, NZQA) – subjects

Other Qualifications – subjects Yes No

Languages – Which languages do you speak, other than English? _____

Apprenticeship – (if applicable)

Do you have your apprenticeship papers? Yes No

In what trade were you apprenticed? _____

What was the name and address of the employer?

Name *Address*

What trade qualifications do you hold? (ie Trade Certificate, Advanced Trade Certificate, etc)

Nursing / Midwifery Qualifications (if applicable)

Training Institution _____

Year of Registration _____

Practising Certificate Number _____ Expiry Date _____

Tertiary Qualifications – (if applicable)

Do you have any other qualifications / certificates / licenses? Yes No

Special Courses / Training Undertaken – (if applicable) *Please attach additional page if required*

From	To	Course Title	Establishment	Brief Details

D Fitness to Undertake Work

The purpose of gathering the following information is to enable St George's Hospital to determine whether you have any medical condition, injury or impairment which may affect your ability to perform the required work. It will also identify areas where there could be a health and safety risk to yourself or others relating to such condition, previous injury or impairment.

Have you ever consulted a health professional for Occupational Overuse Syndrome – OOS (RSI)?	Yes	No
Has keyboard use ever caused you discomfort / pain?	Yes	No
Have you ever consulted a health professional for back strain or had back strain issues? <i>If yes, please specify details:</i>	Yes	No
Have you ever had or do you currently have any other medical conditions, injury, impairment (including, for example, hearing or eyesight difficulties, mental health issues or psychological illness) or any other factor which could affect your ability to undertake, or be aggravated by, your potential role, or your employment in general, or that might affect you from attending work regularly? <i>If yes, please specify details:</i>	Yes	No

- Notes:**
- 1 A prior OOS (RSI) or back condition may not prevent you working for St George's Hospital, although injury documentation may be requested.**
 - 2 Any false information given in relation to your medical history may result in loss of entitlement for any compensation from ACC.**

Have you now, or at any time in the past, had any problems with or addictions to alcohol or drugs? <i>If yes, please specify details:</i>	Yes	No
Have you ever had or been exposed to TB or MRSA? <i>If yes, please specify details:</i>	Yes	No
Are you allergic to, or have any sensitivity to any substances or chemicals?	Yes	No
Do you require corrective lenses or contact lenses?	Yes	No
Are you colour blind?	Yes	No
Do you have any hearing disability?	Yes	No
Have you ever claimed Accident Compensation or its equivalent under an exempt or partner employer scheme? <i>If yes, please specify all details:</i>	Yes	No
In your past employment have you been exposed to:	Yes	No
<ul style="list-style-type: none"> • Noise • Asbestos • Heavy metals • Solvents • Skin irritants • Infectious material • Hazardous conditions • Other potential hazards 		
<i>If yes to any of the above, please detail:</i>		

E Other

Criminal Offences

The following question relates to your credibility and suitability for employment in a health organisation.

Have you ever been convicted of a criminal offence, participated in the diversion scheme, or have any criminal actions pending which could result in a criminal conviction in New Zealand or overseas and/or are you aware of any pending matter which may affect the status of your current licence to practise (where that license relates to the employment you seek)? <i>If yes, please specify details:</i>	Yes	No
Do you consent to St George's Hospital undertaking a criminal record check?	Yes	No

Disciplinary Action

Has your professional body taken any disciplinary action against you in the past or is there any action pending by your professional body, which may affect your ability to carry out the duties required for the position you are applying? <i>If yes, please specify details:</i>	Yes	No
--	-----	----

Driver's Licence

Do you hold a current driver's licence? <i>If yes, class covered:</i>	Yes	No
Do you have any demerit points or endorsements? <i>If yes, please specify details:</i>	Yes	No

Additional Information

Are you prepared to work shifts if required to do so?	Yes	No
Have you worked shifts before?	Yes	No
Are you prepared to work overtime if required?	Yes	No
Are you prepared to handle all products, materials or equipment used in the health industry?	Yes	No
What transport arrangements do you have to attend your place of employment?		
Are you a member of any territorial force unit?	Yes	No
If yes, have you completed whole time training?	Yes	No
What are your interests / hobbies / sports / clubs or community activities?		

F Employment History

Present or Most Recent Employer

From _____ To _____

Organisation _____
Address _____

Position _____
Main Duties _____

No of hours worked per week _____
Reason for leaving _____

Next Most Recent Employer

From _____ To _____

Organisation _____
Address _____

Position _____
Main Duties _____

No of hours worked per week _____
Reason for leaving _____

Next Most Recent Employer

From _____ To _____

Organisation _____
Address _____

Position _____
Main Duties _____

No of hours worked per week _____
Reason for leaving _____

Give details of any other job, which may be relevant.

Have you ever worked for this organisation before?

If yes, when and where:

Yes / No

Do you have any secondary employment?

If yes, please detail:

Yes / No

G Referees

Please list at least two referees whom we can contact concerning previous employment. **Please include your Line Manager or recent Senior Manager as a referee.**

Name	Occupation	Organisation	Address	Telephone

H Statement of Agreement

I have no objections to St George’s Hospital verifying the statements I have made on this application form. However, I understand that my present employer will not be contacted without my consent.

I acknowledge that St George’s Hospital may contact the above referees for further information. I understand and accept that any references that are obtained by St George’s Hospital will be confidential and will be used by St George’s Hospital to evaluate my suitability for employment with St George’s Hospital and I will not be entitled to have access to any references obtained.

I agree that if I am chosen as the preferred candidate for a position, and I have answered “yes” to any of the Health Section questions, I may be required to have a medical assessment by a medical assessor chosen by St George’s Hospital, at St George’s Hospital cost. In the event I am required to undergo a medical assessment I consent to St George’s Hospital receiving the relevant medical information from the assessor. I also agree that St George’s Hospital may seek additional relevant information from any other treatment providers I have seen, and those providers may disclose that information to St George’s Hospital.

I certify that to the best of my knowledge the answers given and any documents in respect of this application are true and correct. I understand that any position I may be offered will be based on the answers and the details I have provided and if any false information has been given or material fact suppressed, I may not be accepted, or if I am employed, I may be dismissed.

Signature Date

Do you consent to St George’s Hospital retaining the information contained in this application form, if you are unsuccessful, for the purposes of considering your suitability for any other position that may arise with this organisation in the future? If yes, the information will be retained for a period of 12 months for this purpose.

Yes No

I To be completed by St George’s Hospital

The following documents have been sighted (where relevant)

- Practising Certificate No: Expires on
(attach copy of certificate and copy of identification used to verify signature)
- MRSA Clearance (attach copy)
- Work Permit – expires on (attach copy)
- Identification
- Essential qualifications (attach copy)