

EMPLOYMENT APPLICATION FORM

In order to be considered for employment with Hospice EBOP, please complete and sign this application form, including 2 reference check consents.

All information you provide is strictly confidential.

Please attach a cover letter, a CV and copies of relevant qualifications.

Post to: Chief Executive, Hospice EBOP, PO Box 275, WHAKATANE 3158 -or-

Deliver to: 39 Goulstone Rd, Whakatane -or-

Email to: bryce@hospiceebop.org.nz

Position Applied for

Full name

Residential and postal address

Telephone : Home _____ Mobile _____
 Business _____

Email: _____

Ability to work	Are you a permanent resident of New Zealand?	Yes	No
	If NO , do you have a valid work permit? (proof required)	Yes	No

Criminal Offences: *Note: Hospice EBOP policy requires all staff to undertake a police check prior to employment.*

Have you ever been convicted of any criminal offence?	Yes	No
Do you have any criminal charges pending?	Yes	No
Have you been the subject of a professional disciplinary enquiry?	Yes	No

If **yes** to any of the above, please give full details:

Transport: *Note: This role may include driving the Hospice van, which requires a manual licence.*

Do you have a full, current drivers licence?	Yes	No
Do you have a reliable safe motor vehicle?	Yes	No

Health:

Note: Hospice EBOP has a smoke and vape free policy.

Have you had any injury or medical condition caused by gradual process, disease, infection or other means – for example, hearing loss, sensitivity to chemicals, repetitive strain injuries – which the tasks of this job may aggravate?

Yes No

Have health reasons caused you to be absent from work for a period longer than two weeks during the past two years?

Yes No

If **yes** to either of the above give full details

Qualifications & Professional Memberships Please list any that are applicable to this position:

Ability to Start

If successful with this process the earliest I would be able to start would be: _____

Remuneration expectations

For this position I would expect an annual salary of \$_____ and/or an hourly wage of

\$_____.

Declaration:

I _____ (full name) declare that to the best of my knowledge the information provided in this application and in any resume enclosed is accurate and I understand that if any false or misleading information is given, or any material fact suppressed, I will not be employed, or if I am employed, my employment may be terminated.

Signature: _____

Date: _____

Please give the names of **two referees** whose consent has been obtained and who may be contacted for confidential reference.

Referee 1	
Name	
Contact Address	
Contact Phone Numbers	Work: After Hours: Mobile:
Email	
Nature of Relationship to you e.g., Employer, Manager, colleague	

Referee 2	
Name	
Contact Address	
Contact Phone Numbers	Work: After Hours: Mobile:
Email	
Nature of Relationship to you e.g., Employer, Manager, colleague	

Please complete the consent section over the page.

CONSENT

I _____ (print full name of candidate) consent to Hospice EBOP seeking verbal or written information on a confidential basis about me from those people named above and authorise the information sought to be released by them to Hospice EBOP for the purposes of ascertaining my suitability for the position for which I am applying. I understand that the information received by Hospice EBOP is supplied in confidence as evaluative material and will not be disclosed to me

Signature: _____

Date: _____