

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION UNDER THE PRIVACY ACT 1993

The information you provide on this form will be used to process your application and assess your suitability for employment with Cancer Society Of NZ Central Districts Division Inc. The information requested is not required by Law, but if insufficient information is provided your application may not be considered.

People having direct access to this information may include members of the executive committee, interview panel and staff responsible for the position.

You have a right to access personal information about you and seek any correction you think necessary to ensure accuracy. You are however advised that any request for *evaluative/opinion* based material held on you will be declined.

This information will be securely held in the Society's files for a maximum period of six months from the time an appointment is made, after that time it will be destroyed, unless you are the appointee in which case the information will be placed on your personal file.

| Name of Applicant | |
|---------------------------|---|
| Date of Application: | |
| Position Applied for: | Supportive Care Coordinator - Whanganui |
| Closing date: | By 5:00pm Friday, 26 April 2024 |
| Application MUST include: | Cover Letter |
| | Completed Application for Employment form (including this page) |
| | Curriculum Vitae (CV) |
| Email to: | recruitment@cancercd.org.nz |
| | |

This application form does not indicate any commitment to employ the applicant

This application form is to be completed personally by the job applicant.

This form must not be altered or any part omitted or deleted.

Full disclosure of all details is required and failure to do so may preclude the applicant being considered

Any nondisclosures or omissions will result in immediate termination of employment as a matter of serious misconduct for dishonesty.

| 1. PERSONAL INFORMATION (Please print) | | |
|--|---|--|
| Title | Mr / Mrs / Miss / Ms / Other (please state) | |
| Surname: | | |
| Given Names (underline name used): | | |
| Are you known by any other name(s)? | | |
| Date of Birth (Optional – is used for birthday cards) | | |
| | | |
| 2. YOUR CONTACT DETAILS | | |
| Number & Street: | | |
| Suburb & Town: | | |
| Contact Phone Number: | | |
| Email address: | | |
| | | |
| 3. ETHNICITY | | |
| This information is collected for: | | |
| statistical purposes, to support cultural identity, and to s | support staff with English as a second language | |
| Where were you born? | | |
| What Ethnicity do you identify with? | | |
| Iwi Affiliation (s) | | |
| What languages do you speak? | | |
| Are you legally entitled to work in NZ ? | Yes / No | |
| (delete as required) | NZ born / NZ citizen / permanent resident | |
| | Work Visa / Student Visa / other | |
| If No please give details of your current Visa s | tatus : | |
| | | |
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| | | |

| Please state any qualifications | that you hold that a | are relevant to the position applied for: |
|---------------------------------|----------------------|--|
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| A 11 1:0: 1: / | | |
| Any other qualifications (secon | ndary or tertiary) | |
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| | | |
| | | |
| | | |
| 5. EMPLOYMENT HISTO | RY | |
| Please give details of your cur | rent or most recent | t Employer <i>(do not write refer to CV)</i> |
| Company | | |
| Position held | | |
| Length of Employment | Start date | Finish Date |
| | | |
| Main duties | | |
| | | |
| Hours per week | | |
| · | | |
| Reason For leaving | | |
| | | |
| Next most recent Employmen | nt | |
| Company | | |
| Position held | | |
| Length of Employment | Start date | Finish Date |
| | | |
| Main duties | | |
| | | |
| Hours per week | | |
| Reason For leaving | | |

4. EDUCATION and QUALIFICATION

| Next most recent Employmen | nt | |
|------------------------------|---------------------------|--|
| Company | | |
| Position held | | |
| Length of Employment | Start date | Finish date |
| Main duties | | |
| Hours per week | | |
| Reason For leaving | | |
| | | |
| Other Work Experiences: Pl | ease give details of an | y other relevant work experience or Voluntary work . |
| | | |
| | | |
| | | |
| 6. INTERESTS | | |
| What are you Hobbies, Intere | sts, Clubs, Affiliations, | or community activities? |
| | | |
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| | | |

| 7. HEALTH & WELLBEING | |
|---|----------|
| Do you have any general health and fitness concerns that could be impacted by this role? Eg back hip other joint pain, asthma, allergies, diabetes, anxiety, mobility aids. | YES / NO |
| Health/disability/fitness concerns <u>do not</u> preclude you from employment. By indicating any concerns we can discuss how we can support you in your employment | |
| The Cancer Society is totally smoke free and vape free at all times. Can you uphold and adhere to this policy? | YES / NO |

| If offered this position do you intend to engage in any other paid or Voluntary work? If YES , please give details | YES / NO |
|---|----------|
| Are you a member of any territorial force unit? (military, rural fire etc) If YES please give details | YES / NO |
| Are you prepared to very occasionally work out of normal work hours, if required (eg Relay for Life weekend)? | YES / NO |
| Do you have any existing personal/religious/social/sporting/family, or other commitments, that could be a conflicts of interest or that could make it difficult for you to fulfil the role whether continually or from time to time? (eg midweek football) If YES please give details | YES / NO |
| Have you, at any time taken, action against a current or former employer in order to resolve an employment dispute including personal grievance action or other employment relationship problem? | YES / NO |
| Have you ever been convicted of a criminal offence or have any charges pending? | YES / NO |
| Are you awaiting the hearing of charges in a civil court, or have Bankruptcy or Competency rulings pending or in place? | YES / NO |
| If offered this position, do you agree to authorise the Cancer Society to obtain a copy of any information held on you by the Department of Courts / NZ Police? | YES / NO |
| If offered this position, do you agree to authorise the Cancer Society to obtain a copy of any information held on you by any Registering Board or Authority? | YES / NO |
| How would you rate your overall computer skills? 1 = beginner, 2 = intermediate, 3 = advanced Please describe: | 1 2 3 |

| Do you have a current and <u>full</u> New Zealand Drivers License? | | YES / NO |
|--|--|----------|
| Driver's Licence Restrictions: | | |
| Driver's License Number: | | |
| | | |
| Is there any matter that could be material to your application or the aware of that you do not wish disclosed in writing but will discuss with an interview in a confidential discussion/disclosure | | YES / NO |
| If you are offered this position, when could you start employment? | | |
| What would your hourly rate expectation be for this position? | \$ | |
| As part of our commitment to the Tiriti o Waitangi (Treaty of Waitang who are short listed for interview to bring whānau or support people to the If you are selected for an interview do you wish to bring whānau /support yes, approximately how many (so we ensure that sufficient space is a second content of the part of | to the interview. port people with you? | YES / NO |
| | | |
| 9. REFEREES | | |
| Please supply the names, relationships, and contact details of at least referees . At least 2 of these should be people you have reported directly to eg. | | |
| 1) | | |
| 2) | | |
| 3) | | |
| I consent to Cancer Society seeking verbal or written informati representatives of my previous employers and/or referees and authorsought, to be released. (We will only contact referees if you are short listed for the position). | | YES / NO |

| 10. DECLARATION | |
|---|-----------------|
| l, | _ (full name) |
| Declare that to the best of my knowledge, the answers to the questions in this application were completed by me. | are correct and |
| I understand that if any false or misleading information is given, or any material fact withheld, I may not be accepted or considered for the position. | |
| AND if I am employed, and any aspect of this application is found to be false or misleading or if there are omissions that could be material to my employment, there will be disciplinary action up to and including immediate dismissal. | |
| Signature | Date |
| | |