



JOB APPLICATION FORM

CONFIDENTIAL

Position Applied For: _____

Location:

- Taradale Masonic
 Elmwood House & Hospital
 Masonic Villages
 NDMT Administration

Personal Information

First name:
Middle name/s:
Surname:
Preferred name (if any):
Other/Previous names known by:
Address:
Email:
Contact phone number/s:

Availability

Please outline your availability for work below.

Day	Hours Available	Hours Not Available
<i>Example: Monday</i>	<i>Example: 3pm-11pm</i>	<i>7am-3pm (EIT)</i>
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

What is the minimum and maximum number of hours a week you want to work? MIN _____ MAX _____

Please outline any upcoming holidays or time off work you have booked: _____

If your application is successful, when are you able to commence employment with us? (This must include your notice period if you are currently working). _____

Education & Qualifications

List relevant qualifications (in chronological order with the most recent first):

Do you have a current First Aid certificate? Yes No

If yes, what is the approximate expiry date? _____

Previous Employment

Please list your last four jobs with your most recent employer first:

Current/Past employer	Position Held	Start Date	Finish Date	Reason for leaving

Why do you want to work for Napier District Masonic Trust?

Why do you think you would be a good fit for the role(s) you are applying for?

Referees

Please list the names and contact details of two referees:

Name	Association <i>(Previous employer, supervisor, tutor etc.)</i>	Phone number/s

N.B. We will not contact your references without discussing this with you first.

Health & Safety

Question	Your Answers
Is there any reason why you may not be able to perform any of the essential functions of the position you are applying for?	
Do you require any special services or facilities to satisfactorily perform the duties of the position you are applying for?	
Are you legally entitled to work in New Zealand?	<input type="checkbox"/> I am a NZ or Australian citizen <input type="checkbox"/> I hold a NZ residents permit <input type="checkbox"/> I hold a valid work permit <input type="checkbox"/> I hold a visitor permit <input type="checkbox"/> I hold a student permit Are there conditions permitting this employment? Y / N Note: please provide copies of all relevant work permits
Have you ever been convicted of or are pending a hearing for a criminal offence?	
Have you ever been involved in civil litigation or pending civil litigation of any kind?	
Do you have any secondary employment which you would wish to continue should you be appointed to this position?	
If you answered "yes" to any of the questions in this section please provide further details.	
Have you ever been employed by NDMT or by this facility previously?	
Have you ever worked for NDMT or at this facility via an agency /temp work in the last six months?	

Registered Nurses/Enrolled Nurses ONLY

Question	Your Answers
Have you been or are you currently involved in an investigation by the New Zealand Nursing Council?	
Do you or have you ever had any conditions placed on your Annual Practicing Certificate by the New Zealand Nursing Council?	
Do you have a current New Zealand practicing certificate? <i>(If yes, what is the renewal date?)</i>	

Health Status Declaration

This pre-employment health declaration is to be completed by all job applicants. This is to ensure that the applicant is fit to perform the duties of their new employment and that the health of the applicant will not be put at risk. A confidential interview with an Occupational Health Nurse or a medical examination may be required depending on the nature of the job.

The answers will be treated as confidential. If your job application is successful there may be baseline testing and health protection requirements depending on the nature of the job.

Have you in the past or do you currently suffer from any of the following:

	Yes	No	Details
Do you smoke or use tobacco products?			
Back, neck or shoulder injuries			
Injuries to limbs			
Skin conditions e.g. dermatitis			
Allergic conditions/ sensitivities			
Blood pressure issues (high/low)			
Heart complaint			
Diabetes			
Hernia			
Disabilities such as hearing loss, vision loss etc.			
Asthma or bronchitis			
Any contagious disease e.g. Hepatitis B or C, TB etc.			
Work related exposure, illness or accident that required treatment.			
A chronic health condition, physical disability or take medication that may affect your work performance.			
Any other medical condition that we should be aware of?			

As per COVID-19 Public Health Response (Vaccinations) Order 2021 it is required that people working in the health and disability sector are fully vaccinated by 1st of January 2022. For that reason, we need to ask you:		
Have you had the Covid vaccination:	First dose	Yes <input type="checkbox"/> No <input type="checkbox"/> Date: _____
	Second dose	Yes <input type="checkbox"/> No <input type="checkbox"/> Date: _____
If you have a medical reason not to be vaccinated, do you have a medical exemption?		Yes <input type="checkbox"/> No <input type="checkbox"/>

In the past 12 months how many days have you had away from work due to:

Sickness: _____ Injury: _____

Domestic leave: _____ Other leave: _____

Conflict of Interest

Definition: A Conflict of Interest is where someone is compromised when their personal interests or obligations conflict with the responsibilities of their job or position. It means that their independence, objectivity or impartiality can be called into question. Conflicts of Interest may be actual, potential or perceived.

Are you aware of any conflicts of interest that may arise through your potential employment with this organisation? Yes / No

If Yes then please give details:

Declaration and Consent

By submitting this form to us you declare to the best of your knowledge the answers in this application are correct and you understand that if any false or deliberately misleading information is given, or any material fact is withheld from us, you will either not be employed or if you have been employed and we then find information you have given is false or has been deliberately misleading, your employment may be terminated.

You also agree that a representative of The Napier District Masonic Trust may contact you either in writing or by phone according to the details you have provided.

By signing this form you declare to the best of your knowledge that any Conflict of Interests (actual, potential or perceived) have been disclosed.

You also consent to the Trust seeking verbal or written information from the referees nominated in this application form and you authorise the release of information to the Trust for the purpose of our ascertaining your suitability for this position. The information received by the Trust from your referees will be supplied to us in confidence as evaluative material and will not be disclosed to you or to any other person outside the office.

Signature: _____ Date: _____

**Please ensure you submit a copy of your current CV and a Cover Letter with this application.
Note: we will not be able to progress any applications with incomplete sections.**