

## Application for Employment (Paid and Volunteer).

**CONFIDENTIAL**

This form is a source of information that will be used by KiwiClass Multicultural Support Services to assist us in considering your suitability for the position you are applying for. If you are successful, this information will form part of your personal file. Any failures to supply the information requested will affect our ability to assess your suitability for the position.

The information requested in this form complies with the Human Rights Act 1993 and the Privacy Act 2020.

|   |                             |                            |                      |
|---|-----------------------------|----------------------------|----------------------|
| <b>Position Applied for:</b>  |                             |                            |                      |
| <b>Where did you hear about this vacancy?</b>   | Word of mouth               | Website                    | Volunteer Wellington |
|   | Trade Me website            | Seek website               | Student Job Search   |
|   | Facebook                    | Other (please state) _____ |                      |
| <b>PERSONAL DETAILS:</b>  |                             |                            |                      |
| Title:  | Mr                          | Mrs                        | Ms                   |
|   | Miss                        | Dr                         | Other _____          |
| Full Name:  |                             |                            |                      |
| Address:  |                             |                            |                      |
| Home Phone:   |                             |                            |                      |
| Mobile Phone:   |                             |                            |                      |
| Email:  |                             |                            |                      |
| Eligibility to work in NZ: (Please circle)  | NZ Citizen                  | NZ Resident                | Work Permit          |
|   | Expiry Date of Work Permit: |                            |                      |
| <b><i>Please provide evidence of eligibility to work in New Zealand at the interview (Passport, NZ Birth Certificate, Work Visa/Permit)</i></b> |                             |                            |                      |

### LANGUAGES SPOKEN:

KiwiClass Multicultural Support Services individuals speak a number of different languages. While useful if you speak or understand another language, it is not essential.

| LANGUAGE | LEVEL OF FLUENCY |
|----------|------------------|
|          |                  |
|          |                  |
|          |                  |

**EDUCATION: (Qualifications may be verified)**

| SCHOOL/INSTITUTION | YEAR | QUALIFICATION |
|--------------------|------|---------------|
|                    |      |               |
|                    |      |               |
|                    |      |               |
|                    |      |               |

**EMPLOYMENT HISTORY:**

| EMPLOYER | POSITION | PERIOD OF EMPLOYMENT | REASON FOR LEAVING |
|----------|----------|----------------------|--------------------|
|          |          |                      |                    |
|          |          |                      |                    |
|          |          |                      |                    |
|          |          |                      |                    |

**Other qualifications for formal attainment you consider relevant:**

|  |
|--|
|  |
|  |

**REFEREES:**

Please provide the contact details for at least two people who support your application and may be contacted to provide comments on your recent work performance. At least one person should have supervised or been senior to you in your current or most recent position.

| REFEREE 1              |  | REFEREE 2              |  |
|------------------------|--|------------------------|--|
| Name:                  |  | Name:                  |  |
| Position/Relationship: |  | Position/Relationship: |  |
| Company/Organisation:  |  | Company/Organisation:  |  |
| Work Phone:            |  | Work Phone:            |  |
| Mobile:                |  | Mobile:                |  |
| Email:                 |  | Email:                 |  |

**EQUAL EMPLOYMENT OPPORTUNITY (EEO) – OPTIONAL:**

KiwiClass Multicultural Support Services is an Equal Employment Employer. The following information is requested to assist in monitoring our EEO policy and for statistical purposes.

**Ethnicity**

|  |                              |                             |
|--|------------------------------|-----------------------------|
| Māori:                                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| New Zealand European or Pākehā:        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Pacific Island: If yes please specify: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Other: Please specify                  |                              |                             |

**MEDICAL AND HEALTH DETAILS:**

|   |                              |                             |
|---|------------------------------|-----------------------------|
| Do you agree to a medical exam if required?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you have a hearing disability?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are you presently receiving medical treatment and/or medication that may affect your ability to carry out this role?<br><br>If yes, please describe briefly:  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you have any other known serious injury, condition or illness that may affect your ability to perform the functions and responsibilities for the position? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you claimed accident compensation in the last 12 months?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you ever required drug or alcohol rehabilitation?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you have any health condition/illness we need to be aware of, that may affect the performance of your work?<br><br>If yes, please describe briefly:        | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

| GENERAL:   |                              |                             |
|--|------------------------------|-----------------------------|
| <p>Do you know or are you related to anyone who is currently employed by KiwiClass?<br/>If yes, please state whom and identify the relationship:</p>   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <p>Do you have a second or another job?<br/>If yes, please describe briefly:</p>   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <p>Have you been charged and/or convicted of any offence with might affect your employment with KiwiClass?<br/><i>Applicants are not required to disclose criminal histories if they are covered by the Clean Slate Act 2004.</i><br/>If yes, please describe briefly:</p> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <p>Are you currently awaiting a hearing of charges in a court or authority, including traffic offences and employment issues?<br/>If yes, please describe briefly;</p>   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <p>Do you have a current NZ Driver's Licence?</p>  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <p>Do you have your own transport to attend work?</p>  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <p>Are you prepared to abide by our Code of Conduct, policies and procedures?</p>  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <p>Do you have any commitments at this time, which may prevent you from attending your place of employment in the future?<br/>If yes, please describe briefly:</p>   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <p>Do you give permission for KiwiClass to complete a check of your credit history? *<br/><i>* For applicants who will be working in a financial capacity.</i></p>   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

### PRE-EMPLOYMENT / VOLUNTEER CHECKS:

Do you consent to the following pre-employment checks being undertaken?

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| • Criminal Background / Vetting process | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Credit Check                          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Drug and Alcohol Test                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Please note:

If you are offered employment or a volunteer role, it may be conditional on you undertaking a Criminal and/or credit History Check and/or Drug and Alcohol test.

### DECLARATION:

I consent to KiwiClass Multicultural Support Services seeking verbal or written information on a confidential basis about me from representatives of my previous employers and/or referees, as set out in the Reference section of this application form, and authorise the information sought to be released by them to KiwiClass Multicultural Services for the purposes of ascertaining my suitability for the position I am applying for.

I understand that the information received by KiwiClass Multicultural Support Services is supplied in confidence as evaluative material and with not be disclosed to me.

By signing below, I agree and understand that all statements and information (whether contained in this application form or otherwise) I have given are correct and no attempt has been made to conceal or withhold pertinent or material information. I agree that if any false or deliberately misleading information is given or any, material fact suppressed, I may not be accepted for employment or volunteering, or if I am employed or volunteering, my employment and/or agreement may be terminated. I also understand that any false information given in relation to my medical history may result in loss of entitlement to any compensation from ACC.

I will notify KiwiClass Multicultural Support Services if any future changes to this information during the course of this application process of form my records if I am successful.

I have read this document, including the Privacy Statement above, and confirmed the information I have provided is true and correct.

Applicants Name:

Sign:

Date:

Please send your completed application to:

Office KiwiClass, PO Box 27-342, Marion Square, Wellington 6141

Or Email: [communications@kiwiclass.org.nz](mailto:communications@kiwiclass.org.nz)

Or hand to the office