

STRICTLY CONFIDENTIAL

Position applied for:

APPLICATION FOR EMPLOYMENT - CONFIDENTIAL

application is collected for the purpose of assessing your suitability for employment with Tunce - Te Uru Taumatua . If your application is successful this form will be retained by Tühoe - Te Uru Taumatua and the information used for induction and during your employment. If you are unsuccessful, this form and other application material will be destroyed after three months.			
SECTION 1 Personal Information (Please print)			
Given Names:	Surname:		
Date of Birth:			
Residential Address:			
Mailing Address:			
Phone:	Cell Phone No:		
Email:	Iwi Affiliation(s):		
Next of Kin			
Name:	Relationship:		
Address:			
Phone:	Cell Phone No:		
SECTION 2 Referees (Please give details of two people we can contact f	or references, preferably one of which is your current or most recent employer)		
Name:	Phone:		
Name of Organisation of Referee:			
Referee Position:	Email:		
Relationship:			
Name:	Phone No:		
Name of Organisation of Referee:			
Referee Position:	Email:		
Relationship:			
I give permission for Tühoe - Te Uru Taumatua to contact the above referees Yes No			

SECTION 3 General
How did you learn about this vacancy? Please state the name of the publication.
Do you intend to engage in other paid work whilst employed in this position? Yes No
Would you be prepared to work as, and where, directed? Yes No Possibly
Would you be prepared to travel? Yes No Possibly
Do you have a current full drivers licence? Yes No
If selected for this position what date could you start:
SECTION 4 Tuhoe - Te Uru Taumatua
Are you currently employed by Tühoe - Te Uru Taumatua? Yes No
If yes, when?
Do you know any person currently employed by this Organisation? Yes No
If yes, give details:
Have you ever been employed by Tühoe- Te Uru Taumatua? Yes No
If Yes, give position title and location:
SECTION 5 Pre-Employment Screening
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SECTION 7 Medical		
that could reasonably be expected to	ver had, a medical condition caused by gradual process, or an injury, illness or disabiled affect your ability to carry out the work of the position applied for or could reasona buted to by the work of the position applied for? Yes No	
If yes, give details:		
DECLARATION		
l,	declare that, to the best of my knowledge:	
 The information I have provide and correct. 	ed in my application for employment (including my CV and cover letter) is accurate, c	:omplete
I have not omitted any information	ition that could affect Tūhoe - Te Uru Taumatua decision to employ me.	
	rate misrepresentation or omission in this application will be justification for rethe immediate termination of my employment.	efusal of
	atua to seek information from the referees named above in order to verify the accolication form and associated application documents, and obtain other relevant informant.	
I also authorise Tühoe - Te Uru Tauma	tua to conduct a credit check and a criminal records check (if applicable).	
Signed:	Date:	