

# Human Resources

## APPLICATION FOR EMPLOYMENT

This information is being collected to ensure that Maritime New Zealand (MNZ) can recruit the most suitable candidates for any vacant positions.

The treatment of any information you provide will comply with the Privacy of Information Act 1993. The information will be stored in secure files and some elements will be held on computer storage disk. This information may be corrected at any time by you.

It is MNZ's policy to employ the most suitable personnel and provide equal opportunity for the advancement of employees including promotion and training in accordance with the Human Rights Act 1993.

Please complete the following application form and return with a covering letter and your CV for each position applied for.

### 1 GENERAL INFORMATION

Position Applied For:

How did you learn of this vacancy?

Have you viewed the position description for the position? Yes  No

Are you legally entitled to work in New Zealand  
(i.e. as a citizen / permanent resident) Yes  No

If not, do you have a current Work Permit or Visa? (attach copy) Yes  No

Expiry date of your work permit: \_\_\_\_\_

Have you previously been employed by MNZ or the Maritime Safety Authority? Yes  No

If yes please elaborate: \_\_\_\_\_

Do you know any person currently employed by MNZ? Yes  No

If yes, please state who. \_\_\_\_\_

Do you have a current NZ driver licence? Yes  No

If Yes, what class/es is your licence? \_\_\_\_\_

What is your licence number? \_\_\_\_\_

If your application is successful, when could you commence employment? \_\_\_\_\_

### 2 PERSONAL DETAILS

First Name(s):  Surname:

Preferred Name:

Home Address:

Postal Address:

Email Address:

Daytime Telephone No: ( )  Cellphone:

Evening Telephone No: ( )  May we contact you at work? Yes  No

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### 3 FITNESS TO UNDERTAKE WORK

The following information is required to assist MNZ to meet its obligations under the Health and Safety in Employment Act 1992 and the Injury Prevention, Rehabilitation and Compensation Act 2001. We need to assess your ability to perform the duties of the position safely and to ensure that you are not in a position where you could be placed in a situation of harm.

Letting us know that you have a medical condition or disability will not necessarily exclude you from being considered for the position as we will do our best to accommodate your needs wherever practicable.

Please answer all of the following questions in the context of the position applied for. (For further information on the tasks of the position, please refer to the position description)

Have you ever had significant time off work (within the last two years) as a result of an illness, injury or infection that may affect your ability to perform the job you applied for? Yes  No

If yes, please give details: \_\_\_\_\_

Have you ever suffered any back injury or back strain? Yes  No

If yes, please give details: \_\_\_\_\_

Have you, or have you ever had, an injury or medical condition caused by gradual process, disease or infection which the position applied for may aggravate (for example hearing loss, sensitivity to chemicals or repetitive strain injuries (e.g. OOS))? Yes  No

If yes, please give details and advise what accommodation or assistance would you require to work safely in the position applied for?

Do you have any other medical conditions, injury, impairment (including allergies, chemical sensitivities, hearing or eyesight difficulties) or any other factor that could affect your ability to undertake or be aggravated by, the role that you have applied for or your employment in general, or might affect you from attending work regularly? Yes  No

If yes, please give details: \_\_\_\_\_

Is there anything, which would restrict you from wearing the appropriate Personal Protective Equipment (PPE) for the position, for example, earmuffs, and glasses? Yes  No

If yes, please give details and advise what would be required to accommodate the wearing of Personal Protective Equipment

If you have answered "Yes" to any of the above questions, or at the reasonable request of the MNZ, do you agree to obtaining a medical opinion to determine whether it is safe for you to perform the tasks of the position applied for? Yes  No

(Please answer these questions accurately as misrepresentation may disentitle you to ACC Compensation, and if employed, may constitute grounds for dismissal)

### 4 CRIMINAL RECORD



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The Criminal Records "Clean Slate" Act 2004 gives people the right, if they meet set conditions, to withhold information about their past criminal convictions. If you are uncertain if this applies to you, please seek advice. Roles at MNZ can involve driving motor vehicles, and requires a high degree of trust. Therefore, if you have a conviction for a driving or dishonesty offence, or if you are aware of any circumstances that could lead to you being charged with or convicted of a driving or dishonesty offence, this may impact on your suitability for employment.

Have you ever been convicted of a criminal offence in New Zealand or in any other country?    Yes                       No

Are there any charges against you yet to be heard (do you have a pending prosecution)?                      Yes                       No

If you answered "Yes" to either or both of the above questions, please provide details of the type of offence and date

Have you been subject to an investigation for dishonesty by a previous employer or been dismissed from any previous employer?                      Yes                       No

If yes, please give details

### 5 DECLARATION

I authorise MNZ to approach the referees nominated by me to gain additional information with regard to my past employment performance. I understand that the information will be supplied in confidence as evaluative material and will not be disclosed to me.

I understand that all information provided by me, including my curriculum vitae/resume, references and any tests will be held by MNZ to be used for the purpose of evaluating my qualifications, experience and suitability for employment.

I have disclosed any illness or injury, which I believe, might affect my capacity to undertake the duties involved in this position safely. **I agree** to undertake a medical examination if requested by MNZ and agree that the results of the examination be made available to MNZ.

I declare that all information provided by me to MNZ in relation to this application is true and accurate. I understand and agree that any material misrepresentation or omission of a fact in my application may be justification for refusal of employment, or if employed termination of my employment.

Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_