

## APPLICATION FOR EMPLOYMENT FORM

Please personally complete this Application for Employment Form. Please attach your cv, along with any with any other relevant documents which you believe would support your application. This information is sought by Endoscopy Auckland for the purpose of this application only, in accordance with the provisions of the Privacy Act 1993 for the purpose of assessing an applicant's suitability for the post.

Position applied for					
Personal D	etails				
Title	□ Dr □ Mr □ M	rs 🗆 Ms 🗆 Miss	How do	you like	e to be addressed?
Surname			First na	ame	
Address					
Tel home			Tel work		
Mobile	Email		Email		
l					
Legal work	status				
Are you legally entitled to work in New Zealand?					
NZ citizen   Holder of current v		work perr	nit 🗆	Permanent resident	
Please atta	ach evidence of ent	itlement			
Education and Qualifications					
Year	School or traini	ng provider		Qualification	
Skills/Expe	erience/Attributes				
		lls/experience/attri	ibutes tha	at you h	nave that are relevant to this
position		· 			
I					

Employment History				
Current and most recent employment				
Organisation				
Position Held				
Length of service				
Key position Accountabilities	<del></del>			
Key achievements				
Reason for leaving				
Reason for teaving				
Next most recent experience				
Organisation				
Position Held				
Length of service				
Key position Accountabilities				
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Key achievements				
Reason for leaving				
Next week week and a week and a				
Next most recent experience				
Organisation				
Position Held				
Length of service				
Key position Accountabilities				
Voy achievements				
Key achievements				
Reason for leaving				
Summary of other relevant positions				
held				
Current remuneration expectations				

M	edical	l

Endoscopy Auckland may require you to obtain a full medical clearance for specific job-related abilities required for the position you have applied for. We have a responsibility to ensure your fitness to carry out the work in a manner that does not jeopardise your own health and safety, or the health and safety of patients and other staff. (Health and Safety Employment Act 1992 and Accident Rehabilitation and Compensation Insurance Act 1992.)				
Do you agree to undergo a pre-employment medical examination if requested and to allow this information to be released to Endoscopy Auckland, where it will be held on a confidential basis, in accordance with the Privacy Act? If you decline to consent to testing or providing further information your application may not be considered further.				
Yes No No				
Have you, or do you, currently have any injury or medical condition caused by gradual process, disease or infection, for example, hearing loss, sensitivity to chemicals, occupational overuse injuries or exposure to asbestos that may be aggravated by the position you have applied for?				
Yes No No				
If yes, please provide details:				
Have you, in the last 7 years been convicted of any criminal offence resulting in any form of suspended sentence or imprisonment or in any other way involving an act of violence, dishonesty, theft or illegal use of drugs, or are you currently facing charges or being investigated for actions, which may lead to criminal charges?  Yes \[ \] No \[ \]				
If yes, please provide details:				
, 5-5, 4-5-1-5-6				
Have you ever been the subject of a professional disciplinary enquiry that resulted in any form of adverse finding, censure or ruling?				
Yes No No				
If yes, please provide details:				

Referees Reports					
Prior to finalising an offer of employment Endoscopy Auckland will want to seek verbal or written information on a confidential basis from representatives of your previous employers and/or referees. We request your authority for the information sought to be released to us for the purpose of determining your suitability for the position you have applied for. Do you consent to Endoscopy Auckland contacting the following for the purpose of reference checking?  • Your present employer Yes   No   Referees (as supplied) Yes   No   No   No   No   No   No   No   N					
Please supply the following information for three people who will provide work references for you or the name of contact and employment agency who made this appointment for you.					
Name	Organisation	E mail Address	Phone No		
If your application was successful, when would you be available to begin employment?					
□ Now					
□ 2 weeks					
□ 1 month □ 1-2 months					
□ 1-2 months □ 3 or more month	 hs				
Do you know anyone curi	rently working at Endoscop	py Auckland? If yes, plea	se detail:		
Declaration					
I	(full no	ama) doctare that to th	a bost of my knowledge the		
I					
Signature:					
Date:					

Compiled by:	Robyn Martin/Sue Valentine
Date:	September 2021
For review:	September 2023