

Employment Application Form

This information is collected for the purpose of assessing your suitability for employment. Please complete this form personally and sign the declaration. If you do not fully complete the information requested, it could affect our ability to assess your suitability for employment. All applicants have the right to access personal information and to request any correction necessary to ensure accuracy. If you are employed by us, this form and other information that you have provided as part of your application will be retained in your employment file. If you are unsuccessful, this form and other materials will be retained for no longer than 4 months. This form is not an offer of employment.

If you consent to Endoscopy Auckland retaining your application for future reference – please indicate here: ☐ Yes

Role applied for	
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Type of work:	<input type="checkbox"/> Full Time / <input type="checkbox"/> Part time (please state hours available)
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Personal Information:

Name	
Address	
Phone number	
Email address	

Are you legally entitled to work in New Zealand?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Evidence of entitlement	Supplied:	

Please note that all applicants must supply evidence of entitlement to work, including citizens and residents. Thank you.

Employment History & Qualifications:

Please provide a CV / Résumé and all relevant qualifications & documents. Please carefully check the documents and claims that you have provided as part of your application, such as your **CV, cover letter, identification, certificates, references, qualifications or visa details**. If any information requires changes or updating, please supply new documents and / or additional information below. As part of our selection and pre-employment checks, we may verify any and all the information that you have provided.

Medical information and consent

Endoscopy Auckland may require you to undertake medical checks, drug tests, provide medical information or samples, undertake a pre-employment clearance or assessment as part of the application process. These checks will only be undertaken if necessary to fulfil our obligations under the law or for health and safety reasons. You can decline to consent however, depending on the role you are applying for, it may affect your application assessment. By signing the consent at the end of this form, you confirm your answers provided here.

Do you consent to medical checks and or assessments and for any information from those checks to be released to Endoscopy Auckland?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have any medical conditions, injury or illness (physical or mental) that could affect your ability to fully and efficiently undertake the duties of the role you have applied for?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have any medical conditions, injury or illness (physical or mental) that could be aggravated by the role you have applied for? If yes, please describe below.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have any allergies or sensitivities to chemicals or common hospital consumables?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever, or do you experience back pain, problems standing for long periods, migraine headaches or sensitivity to light or computer screens / devices?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes to any of the medical questions above, please provide details here:		

Police vets, checks and verifications.

Depending on the role that you are applying for, Endoscopy Auckland may be required to carry out a vetting process as part of our assessment for your role. Some of this process may occur prior to an employment offer and some afterwards. The checks that we may carry out could include, Police Vetting if working with vulnerable adults and children, criminal history and / or credit checks. We may also undertake registration, CV, qualification and employment history verification checks. You must disclose all criminal convictions unless covered by the Criminal Records (Clean Slate) Act 2004. By signing the consent at the end of this form, you confirm your answers provided here.

Do you consent to Police Vetting if required for your role?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you consent to criminal history (Ministry of Justice) check?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you consent to Endoscopy Auckland, or it's nominated agency, verifying and / or checking any information that you have supplied as part of the application process, including information provided at interview and documentation.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
In the last 7 years, have you been convicted of any criminal offence resulting in any form of suspended sentence or imprisonment, or in any way involving an act of violence, dishonesty, theft or illegal use of drugs.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you currently facing any charges or being investigated for actions which may lead to criminal charges?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been or are facing any disciplinary action from your applicable professional body or membership?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Please supply details here or separately:		

References

By completing this section, you consent to Endoscopy Auckland or its representatives, seeking verbal or written information on a confidential basis about you from your nominated referees. You authorise the information sought to be released for the purposes of assessing my suitability for this role and you agree that information to be received by Endoscopy Auckland or its representatives is supplied in confidence as evaluative material and will not be disclosed to me. Please note that referee checks may be carried out in addition to any general or specific verifications or checks as part of our vetting process of your full application information.

Please provide the names and contact details of three work related referees.

Referee 1:

Name of Referee			
Organisation			
Working relationship		Period known	
Preferred phone		Secondary phone	
Email			

Referee 2:

Name of Referee			
Organisation			
Working relationship		Period known	
Preferred phone		Secondary phone	
Email			

Declaration and consent

I, _____ consent to Endoscopy Auckland or its representatives seeking any verbal or written information, public or private, about me relating to my application for this role. This may include information from my previous employers and / or referees and I authorise that the information sought to be released by them to Endoscopy Auckland or its representatives for the purpose of ascertaining my suitability for the position and organisation for which I am applying. I understand that this information is for evaluative purposes only and will be held in confidence and may not be available to me.

I further declare that answers to the questions in this application, any documents provided, and subsequent interview(s) or assessments are true and complete. I authorise Endoscopy Auckland or representatives, to verify any information that I have provide them with, whatever the form. I understand that if any false information is given deliberately, or any information suppressed, that I may not be accepted or if I am employed, I may be dismissed.

I am prepared to undergo a pre-employment health assessment if requested which will be conducted by a Health Practitioner of Endoscopy Auckland's choice to determine if I am able to carry out the tasks required of this position and to ensure that I do not have any current medical conditions that may be further aggravated by the working environment of Endoscopy Auckland.

I agree to Police Vetting or other checking processes required or deemed necessary by Endoscopy Auckland as part of their assessment process.

Name			
Signature:		Date	

Please remember to supply eligibility to work in NZ evidence with this form.