

APPLICATION FORM

If you are successful to a position this application forms part of the conditions of employment with Proactive Physiotherapy Consultants Ltd. It is therefore to be personally completed and signed by the applicant. Complete all sections.

Position Applied for

Location

Date

Privacy Statement

The information contained within this document and any subsequent completed documents which relate to the applicant's employment application has been collected purely as part of the process of accessing the suitability of the application for employment and will be retained within the Proactive Physiotherapy Consultants Ltd records under the provisions and in accordance with the Privacy Act.

PERSONAL DETAILS

First Name

Surname

Street Address

Suburb

Town/City

Post Code

Home Phone

Mobile Phone

Email

Are you legally entitled to work in New Zealand?

YES NO

Can you produce evidence if required e.g. citizenship, work permit, permanent residence?

YES NO

HEALTH DETAILS

- Do you suffer from any injury or medical condition which may affect your work performance or regular attendance at work? YES NO
- Have you ever suffered from any gradual injury, disease or infection such as hearing loss, sensitivity to chemicals, occupational overuse syndrome, back problems, leg/knee/ankle injury, arm/wrist/shoulder injury, heart disease, respiratory problems? YES NO

*If you answered yes to any of the above health and safety questions provide further detail. For injuries, please include where, when, what injury you sustained, and the treatment details. For medical conditions, please advise whether you have any ongoing medication (such as Type 1 diabetes), whether your condition flares up in specific conditions (e.g. dermatitis or asthma), and when you last experienced problems related to your condition.

- If you are offered employment the offer may be made subject to your obtaining a full medical clearance (by completion of a medical exam) to assess your fitness for the job for which you are applying.

○ Do you consent to undergo a medical exam if you are offered employment?

YES NO

- Do you consent to a pre-employment drug screening in accordance with the Health & Safety in Employment Act 1992, if applicable?

YES NO

EDUCATION & QUALIFICATION DETAILS

Highest Qualification Achieved

Name of Institution

NZQA Unit Standards Achieved

Trade/Professional/Occupational Qualifications

EMPLOYMENT HISTORY (Begin with the most recent position)

Name of current or most recent Employer

Name of Immediate Manager or Supervisor

Telephone

Your Position

Date From-To

Describe duties and responsibilities

Reason(s) for leaving

FORM CONTINUES OVERLEAF

APPLICATION FORM

EMPLOYMENT HISTORY

Name second most recent Employer

Name of Immediate Manager or Supervisor

Telephone

Your Position

Date From-To

Describe duties and responsibilities

Reason(s) for leaving

REFEREES (Work Related)

Name

Name

Position

Position

Company

Company

Phone Number

Phone Number

Email address :

Email address:

GENERAL & CRIMINAL HISTORY DETAILS

Have you been previously employed by Proactive Physiotherapy Consultants Ltd?

YES NO Details

Do you have relatives or friends or know any person currently employed by Proactive Physiotherapy Consultants Ltd?

YES NO Details

Please give details of any criminal convictions or charges which you have or which are pending against you. **

Please note: Conviction of a crime is not automatic disqualification for employment with Proactive Physiotherapy Consultants Ltd. Factors such as age at the time of the offence, remoteness of the offence in time, and rehabilitation will be taken into determining the effect of suitability for this position.

** Under the Criminal Records [Clean Slate] Act 2004 you do not need to declare your New Zealand conviction if all the following apply (unless the exceptions below apply):

- (a) It has been 7 or more years since your most recent conviction and you have not re-offended; and
- (b) You have never had a custodial sentence imposed upon you and
- (c) You have paid any fines/costs/compensation/reparation ordered by a Court.

Regardless of how long ago you were convicted, you are not eligible to conceal your conviction if:

- You have ever been convicted of a sexual offence, or
- You have ever been disqualified from holding a driver's licence for repeat offending involving alcohol/drugs or
- The conviction was from overseas.

DECLARATIONS

1. I declare that the information given in this application is correct and true in every aspect and I understand Proactive Physiotherapy Consultants Ltd will check this at their discretion. I understand that if any false or misleading information is given, or any relevant facts suppressed, it may lead to the termination of any employment that may subsequently be offered to me.
2. I irrevocably authorise Proactive Physiotherapy Consultants Ltd or its Agent to contact all previous/current employers, including any employers I have not nominated on this application. Information so gained is supplied in confidence as evaluative material and will not be disclosed to me.
3. I irrevocably authorise Proactive Physiotherapy Consultants Ltd to furnish to any third party details of this application and any subsequent dealings that I may have with Proactive Physiotherapy Consultants Ltd as a result of this application being processed.
4. I irrevocably authorise Proactive physiotherapy consultants Ltd with the details of my Criminal History. (Where this application is accompanied by a Criminal History Application and Informed Consent Form).
5. I have read and fully understand this declaration.

Signature

Date