

**AUCKLAND WOMEN'S CENTRE
APPLICATION FORM**

Purpose

This information is collected for the purpose of assessing your suitability for employment at the Auckland Women's Centre.

Please print

Your name: (in block capital letters)

Surname:

Given Names:

1. Your contact information:

Number and street:

Suburb and city:

Home phone number:

Best contact times:

2. Immigration Status:

Are you a citizen of New Zealand? Yes/No

If no, do you have the right of permanent residence?
Yes/No

If no, do you have a work permit?
(Passport verification required) Yes/No

3. Your health: Do you have any known condition or illness which may affect your ability to effectively carry out the functions and responsibilities required of this position?

Yes/No

(If yes, please specify)

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4. If your application is successful, when could you commence employment?

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5.1 Have you been convicted of a criminal offence? Yes/No

5.2. Are you awaiting the hearing of charges in a civil or criminal court of law? Yes/No

6.1. For the purposes of compliance with the Privacy Act 1993 do you consent to the Auckland Women's Centre contacting your referees for the purpose of reference checking? Yes/No

6.2. I (full name) consent to the organisation obtaining criminal information for the purpose of assessing my suitability for this position.

6.3. I (full name) acknowledge that if a police check reveals information that the Auckland Women's Centre considers makes me unsuitable for this position, my employment will be terminated without notice.

6.4. I (full name) declare that to the best of my knowledge the answers in this application are correct. I understand that if any false or deliberately misleading information is given, or any material fact suppressed, or a police check is unfavourable, I will not be accepted, or if I am employed, my employment will be terminated.

7.1. I (Full name) hold a clean, current drivers licence.

7.2. Do you have access to a vehicle for work purposes? Yes/No

Signed:.....

Date:
