

AUCKLAND WOMEN'S CENTRE
Application Form - please print

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

1. YOUR NAME (in block capital letters)

Surname:

Given Names:

2. YOUR HOME ADDRESS, TELEPHONE NUMBERS, AND EMAIL

Number and street:

Suburb and city:

Best phone number/s:

Best contact times:

Email Address:

3. RESIDENT 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? Yes/No

(Passport verification required) Yes/No

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

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

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

7.1 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

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

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.

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.

8. I (Full name) hold a clean, current driver's licence

9. MY TWO REFERRES:

1. Their Name:

Phone numbers:

Relationship to you:

Employment Period:

Position you held:

2. Their Name:

Phone numbers:

Relationship to you:

Employment Period:

Position you held:

Signed:.....

Date:
