**Aviva**

**Application for Employment Form**

Information collected on this form is used to assess your suitability for employment with Aviva (formerly Christchurch Women’s Refuge). This information will be held in a secure place with only properly authorised people having access to it. You have the right of access to your personal information and to seek any correction you think necessary to ensure accuracy.

|  |  |
| --- | --- |
| Position Applied For: |  |
| If you application is successful, when could you commence employment? |  |

**A Personal Details:**

|  |  |  |  |
| --- | --- | --- | --- |
| First Name(s): |  | Surname: |  |
| Any previous names: |  | | |
| Home Address: |  | | |
| Postal Address: |  | | |
| Email Address: |  | | |
| Home Phone #: |  | Mobile Phone #: |  |
| Work Phone #: |  | May we contact you at work? | Yes / No |

**B Work Status:**

|  |  |
| --- | --- |
| Are you legally entitled to work in New Zealand?  *Please attach a copy of your eligibility to work in NZ.* | Yes / No |
| My passport number is: | |

**C Fitness to Undertake Work**

The purpose of gathering the following information is to enable Aviva to determine whether you have a medical condition, injury or impairment that may affect your ability to perform the required work. It will also identify areas where there could be a health and safety risk to yourself or others relating to such condition, previous injury or impairment.

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| Have you ever had significant time off work (within last two years) as a result of an illness or injury that may affect your ability to perform the job applied for?  *If yes, please detail include year of injury, cause of injury, injury suffered and time off work:* | Yes / No |
|  | |

|  |  |
| --- | --- |
| Have you ever consulted a health professional about a Repetitive Strain Injury?  *If yes please provide details:* | Yes / No |
|  | |
| Do you have any other medical condition(s), injury, impairment (including chemical sensitivities, allergies, hearing or eyesight difficulties) or do you know of any other factor that could affect your ability to undertake, or may be aggravated by, the role that you have applied for?  *If yes please provide details:* | Yes / No |
|  | |
| Have you now, or at any time in the past, had any problems with an addiction of any kind?  *If yes please provide details:* | Yes / No |
|  | |
| Do you have any particular needs due a disability of any kind that you will require occupational assistance for if you are successful with your application?  *If yes, please explain:* | Yes / No |
|  | |

**D Other**

|  |  |
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| Do you hold a current drivers licence?  *If yes, please detail class(es) covered:* | Yes / No |
|  | |

The following question relates to your credibility and suitability for employment in a Social Service organisation.

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| --- | --- |
| Have you ever been charged with a criminal offence? | Yes / No |
| Conviction of a crime will not necessarily be a bar to employment. Factors such as age at the time of the offence, types of offence, time elapsed since the offence and rehabilitation will be taken into account in determining effect on suitability for this position. If Yes, please explain: | |

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| --- | --- |
| Do you have any criminal convictions, or actions pending which could result in a criminal conviction, in NZ or oversees and/or are you aware of any pending matter which may affect the status of your current driver’s licence?  If yes, specify details: | Yes / No |
|  | |
| Do you consent to Aviva undertaking a criminal record check? | Yes / No |
| Are you a member of any society or Professional Body?  Please attach a copy of your membership | Yes / No |
| If yes, please list. | |
| If yes, has the Society or Professional Body taken any disciplinary action against you in the past, or is there any action pending by your Society or Professional Body that may affect your ability to carry out the duties required for the position you are applying for?  If yes, please specify details: | Yes / No |
|  | |

**E Training and Education:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Name & Location of Establishment** | **Years** | **Qualification(s) Obtained** | |
| Secondary |  |  |  | |
| University |  |  |  | |
| Vocational |  |  |  | |
| Where Vocational Qualifications have areas of specialisation, please specify: | | | | |
|  | | | | |
| Are you studying at present?  *If yes, please provide details:* | | | | Yes / No |
|  | | | | |

**F Special Courses/Training Undertaken:**

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| --- | --- | --- |
| **Date** | **Course Title** | **Training Provider** |
|  |  |  |
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**G Employment History: (Paid and Voluntary)**

Please list your work experience in your last five jobs **beginning with your most recent job** held. If you were self-employed, give details. If you have had more than three jobs in the last five years, please list them all. Attach additional sheets if necessary.

|  |  |  |  |
| --- | --- | --- | --- |
| **Job Title** |  | **Employment Dates:** | |
| **Name of employer** |  | **From:** |  |
| **Address** |  | **To::** |  |
| **Name of last supervisor** |  | | |
| **Reason for leaving**  **(be specific)** |  | | |

List the duties performed, skills used or learned, achievements, advancements or promotions while working for in this organisation

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|  |  |  |  |
| --- | --- | --- | --- |
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List the duties performed, skills used or learned, achievements, advancements or promotions while working for in this organisation

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**H Referees:**

Please list three referees whom we can contact concerning your employment. These should preferably include your current or most recent employer, direct manager and person providing professional supervision.

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Occupation** | **Company** | **Telephone /**  **Email Address** |
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**I Statement of Agreement:**

I have no objections to Aviva verifying the statements I have made on this application form. However, I understand that my present employer will not be contacted without my consent, unless I am an employee of Aviva in which case my Line Manager may be contacted and /or my personal file accessed.

I acknowledge that Aviva may contact the above referees for further information. I understand and accept that any references that are obtained by Aviva will be confidential and will be used by Aviva solely to evaluate my suitability for employment with Aviva. I understand that I will not be entitled to have access to any references obtained.

I agree that if I am selected as the preferred candidate for the position, and have answered “yes” to any of the Health Section questions, I may be required to have a medical assessment by a medical assessor chosen by Aviva in discussion with me, at Aviva’s cost.

I certify to the best of my knowledge the answers given and any documents provided in respect of this application are true and correct. I understand that any position I may be offered will be based on the answers and the details I have provided and if any false information be given or material fact suppressed, I may not be accepted or, if I am employed, I may be dismissed.

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature:** |  | **Date:** | / / |

**J Disclosure Consent**

Name:

Address:

Date:

I give permission for Aviva to make such enquiries of such people and examine such information as it considers necessary to assess my suitability for appointment to the position of (Name of position).

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature:** |  | **Date:** | / / |

You will be informed of the people we contact