



Application for Employment Form

Please complete the following application form and return to:

HR Department
Stepping Stone Trust
P.O. Box 12 219
CHRISTCHURCH

Position applied for: _____

Name: _____

Address: _____

Home Phone: _____ Mobile Phone: _____

Email Address: _____

Are you a citizen of New Zealand? Yes / No

If Yes, can you produce evidence if required? Yes / No

If No, do you have the right of residence or a work permit? Yes / No

Do you have a full Driver's Licence? Yes / No

Can you competently drive a manual vehicle Yes / No

If not, how soon will you have a full car licence? _____

Do you hold any other class of licence? _____

Do you have a current First Aid Certificate? Yes/No Expiry Date: _____

(If no, Stepping Stone will arrange training)

Briefly tell us why you are applying for this position at this time:

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REFEREES

Employer Referee 1

Name: _____

Address: _____

Phone: _____

Employer Referee 2

Name: _____

Address: _____

Phone: _____

Personal Referee

Pastor/Workmate/Friend etc.

Name: _____

Address: _____

Phone: _____

Note: Referees will be contacted after applicants are interviewed.

In accordance with principle 11 of the Privacy Act 1993, I _____ (name) authorise Stepping Stone Trust to collect such personal information about me from the named referees as is necessary to assess my suitability for employment with Stepping Stone Trust and I authorise Stepping Stone Trust to disclose such personal information as is necessary for the same purpose. I agree that all referee reports obtained for the purpose of this application will be confidential to Stepping Stone Trust and will not be available for me to read.

Yes / No

Signed: _____

HEALTH AND DISABILITY

The purpose of gathering the following information is to enable Stepping Stone Trust to determine whether you have any medical condition, injury or impairment which 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.

Have you ever had significant time off work (within the last two years) as a result of an illness, injury or infection that may affect your ability to perform the job applied for? Yes / No

If yes, please detail (including estimated time off, year of occurrence and reason):

Do you have any physical injury/disability or mental health issues, present or past, likely to be aggravated by the position applied for? Yes / No

If yes, please give details

Would you be prepared to sign a consent form permitting us, as part of the recruitment process, to access your ACC claims history? Yes / No

Have you now, or at any time in the past, had any problems with or addictions to alcohol or drugs? Yes / No

If yes, please give details

Do you have any driving convictions (other than parking fines?) Yes / No

If Yes, what are they and when did they occur?

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DECLARATION

I (insert name) declare that I have no criminal convictions (other than those I have declared), especially in the areas of fraud, theft, violence or sexual violations, or any current proceedings in these areas.

I, (full name) declare that to the best of my knowledge, the answers in this application, and any other additional material, are correct and I understand that if any false or deliberately misleading information is given, or any material fact suppresses, my application will be unsuccessful , or if I am employed my employment may be terminated at the employers discretion. I also understand that any omissions or false information given in relation to any previous injuries etc. may result in my loss of entitlement for any compensation from the employer's ACC insurer.

I make this solemn declaration conscientiously believing the same to be true by virtue of the Oaths and Declarations Act 1957.

Declared at **this** **day of** **2010**

Signed:

Date:

Signed:

(Solicitor, Justice of the Peace, or any other person authorised to take a Statutory Declaration)

Date:

Please Complete



CONSENT TO DISCLOSURE OF INFORMATION

Licensing & Vetting Service Centre
Office of the Commissioner
PO Box 3017
WELLINGTON

I. _____
(Surname) (Fore Names)

(Maiden or any other names used)

Sex: (M/F) Date and place of birth _____

Nationality _____

Residential Address _____

Suburb _____ City _____

NZ Drivers Licence Number _____

hereby consent to the disclosure by the New Zealand Police of any information they may have pursuant to this application, to Stepping Stone Trust. I understand that any record of criminal convictions I might have will automatically be concealed if I meet the eligibility criteria stipulated in Section 7 of the Criminal Records (Clean Slate) Act 2004.

Signed _____ Date _____

COMMENTS OF THE NEW ZEALAND POLICE

A stamped, self-addressed envelope must accompany all requests.