Application for Employment with Neighbourhood Trust

This is to be personally completed by the applicant. No information will be disclosed to a third party without your authorisation, except as required by law. Information on successful candidates will form part of the employment records. Information on unsuccessful candidates will be confidentially destroyed after 12 months.
Failure to complete all questions truthfully will render this application invalid and should you have been successful in your application, will be grounds for instant dismissal. Any false information given in the pre-existing injury or condition section of this form may also result in the loss of entitlement to any compensation from ACC, as provided in Section 7 of the Accident Rehabilitation and Compensation Insurance Act.

You have the right to access personal information held by Neighbourhood Trust and may request correction.

Declaration: I have read, understand and agree to the foregoing:

Signed: Date:

Position Applied For:

First Name: Last Name:

Any previous name/s:

Phone: (Mobile) (Email)

Are you a citizen of New Zealand Yes | No (please circle)
If No, do you hold a current work permit? Yes | No (please circle)

Are you currently enrolled for KiwiSaver: Yes | No (please circle)
Are you currently fully vaccinated for Covid and its variants: Yes | No

Work Experience / Voluntary

1) Employer: Date:

Position held: Reason for leaving:

Other details:

I agree / do not agree to this employer being contacted for reference checking purposes.

2) Employer: Date:

Position held: Reason for leaving:

Other details:

I agree / do not agree to this employer being contacted for reference checking purposes.

3) Employer: Date:

Position held: Reason for leaving:

Other details:

I agree / do not agree to this employer being contacted for reference checking purposes.

What can you tell us about yourself that makes you an ideal candidate for the position?

Education

Schools attended and dates:

Other educational institutions attended:

Qualifications attained

Interests and Hobbies

Attendance

Do you suffer from any illness, injury or other disability which may adversely affect your performance, regular attendance, personal safety or the safety of others?

Yes | No If yes, please provide brief details

Do you have any commitments or interests which may interrupt your regular attendance at work?

Yes | No If yes, please provide brief details

Court Convictions / History Check

Have you ever been convicted in a court in New Zealand or any other country? Yes | No.

Are there any charges against you pending? Yes | No.

If the answer is yes to either of these, please provide brief details:

Consent to undertake a Criminal Conviction History or Police Vet, using the required forms: Yes | No.

General

Neighbourhood Trust may require workers to move from one programme to another at various times.

Would you be agreeable to this? Yes | No

What do you think makes you a good candidate for this position?

What do you consider to be your key strengths?

What areas do you feel you would need training in?

Anything else you would like to tell us?

If your application is successful, when would you be able to commence employment?

Referees

Please list two work and one personal referee whom we may contact for a personal reference.

1) Name: Association:

Email: Mobile:

2) Name: Association:

Email: Mobile:

3) Name: Association:

Email: Mobile:

Declaration

I have personally completed this application for employment and declare that the information provided in this application (and resume where provided) is correct. I understand that should I be successful in my application, falsification or deliberately misleading information or any material suppression of information will be g rounds for instant dismissal.

Signed Date

Please forward this application form and a copy of your CV to:
Email: childrens@nht.org.nz
Or post to:
OSCAR Manager
Neighbourhood Trust
PO Box 36257
Christchurch 8146