



Application for Employment

Thank you for your interest in a position with the department of Building and Housing. Please fill in this form and return it, together with your CV and any other material you may consider relevant to:

**Human Resources
Department of Building and Housing
PO Box 10729
Wellington**

You may do this electronically sending your application in word or rich text format (rtf) format to jobs@dbh.govt.nz

This form (and any material you provide with it) provides a source of information that will be used in considering your suitability for the position for which you are applying. If you do not supply the information requested you may prejudice the Department's ability to assess your suitability. The information may also be used for any investigation of claims under the Human Rights Act 1993 and the Health and Safety in Employment Amendment Act 2002 or an appeal against appointment under the State Sector Act.

If your application is successful, the information will form part of the Department's personnel records. You will be entitled to access the information on request to the Department's Privacy Officer. Information relating to unsuccessful applicants is destroyed after three months.

The above statements are made in accordance with the Privacy Act 1993.

Position Applied for _____ Vacancy No. _____

Applicant Details

Surname or family name _____

First or given names _____ Preferred name: _____

Full postal address _____

Contact telephone number(s) _____

Legal entitlement to work in New Zealand

Are you legally entitled to work in New Zealand? (If you are not a New Zealand Citizen or do not have a New Zealand Residence Visa then you must attach copies of your documents of eligibility). **Yes/No**



Previous employment

Has the Department previously employed you?

Yes/No

If yes, please provide details of the latest period of employment _____

Please note that the Department reserves the right to use any relevant employment related information that it might hold about you as an employee when assessing your suitability for the position you are applying for.

Referees

Please provide the names of two referees whose consent has been obtained and who may be contacted for a confidential reference. (Where possible, at least one of the referees should be able to give work-related information and should have supervised or been senior to you in your current or most recent employment).

1. Name _____

Company _____

Relationship _____

Phone _____ Fax _____ Email _____

2. Name _____

Company _____

Relationship _____

Phone _____ Fax _____ Email _____

Support/access

If you were invited to an interview would you wish to bring:

whanau support

Yes/No

If you were invited to an interview do you have any needs associated with disabilities?

Yes/No

If yes please provide details.



Availability

Date available to start: _____ or period of notice required in current employment _____

Health Matters

The purpose of gathering this information is to ensure that we are able to provide and maintain a safe and healthy environment for staff as required under the Health and Safety in Employment Amendment Act 2002. Letting us know that you have a medical condition or disability will not exclude you from being considered for the position.

Have you ever had, or do you have, any injury, illness, or medical condition caused by gradual process, disease, infection or otherwise (for example; hearing loss or repetitive strain injuries) which the duties of this position may aggravate or contribute to? **Yes/No**

Do you have any health condition that could affect your ability to do this job? **Yes/No**

If you have responded yes to either of the above two questions, what accommodation / facilities / equipment would you require to be able to perform the job?

Conflict of Interest

As a government department we must be fair and reasonable and avoid any appearance or suggestion of preferential treatment, favouritism, bias or discrimination. We use this information to determine if action can be taken to manage the actual or potential conflict.

Do you have other employment/interests that may be perceived to be in conflict with the Department? **Yes/No**

If yes, please provide details:

Do you have a spouse, partner, relative or household member working within the Department where there would be an indirect or direct reporting relationship? **Yes/No**

If yes, please provide details:

Do you have a spouse, partner, relative or household member working with an organisation that is closely related to the area and nature of the position you have applied? **Yes/No**

If yes, please provide details:

Do you have a financial or other interest in any organisation which could be associated with this position during the course of carrying out these duties? **Yes/No**

If yes, please provide details:



Criminal record

As a Government Department, those working within the Department are placed in positions of trust. The Department therefore requests that you answer the following questions. A criminal conviction will not necessarily exclude you from being considered for the position. Any previous convictions that meet the criteria of the Criminal records (Clean Slate) Act 2004 do not need to be disclosed. For information on the Act, see <http://www.justice.govt.nz/privacy/clean-slate.html>.

The Department may decide to check your record for criminal convictions and/or your credit status. Do you consent to such a check? **Yes/No**

Have you ever been convicted of any offence in New Zealand or in any other country (other than minor traffic or parking offences) **Yes/No**

Are there any charges against you yet to be heard **Yes/No**

If you have answered no to the first question or yes to any of the previous two questions please provide details;

Declaration

I consent to the Department seeking verbal or written information about me on a confidential basis from the referees I have nominated and authorise the information requested to be released. I understand that the information will be supplied in confidence as evaluative material and will not be disclosed to me.

I have disclosed any illness or injury that I believe might affect my capability to undertake the duties involved in this position safely.

I have disclosed any potential conflict of interest that may affect my ability to perform the duties requires of this position effectively.

I certify that the information given orally and in writing by me is true and correct. I acknowledge that if I have given incorrect or misleading information, or have omitted any important information in my application for employment, I may not be considered for appointment, or if appointed, subject to disciplinary action.

I declare the above to be true: _____
(signature) (date)

Checklist

- Application form completed (including the names, addresses and fax numbers of two referees)
- Covering letter
- One copy of full curriculum vitae

Please do not send folders or original documents. Documents will not be returned