

COUNTIES MANUKAU HOMECARE TRUST

Phone: 09 238 8567
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"Providing quality care to support people in their homes"
"Hauora awahi mo te whanau i o ratou kainga"

P O Box 113
Pukekohe

CONFIDENTIAL

To be completed personally by Applicant

APPLICATION FOR SUPPORT WORKER EMPLOYMENT

YOUR NAME	Surname (Mr,Mrs,Miss,Ms) _____ First Names(underline name used) _____ Are you known by any other name(s)? _____
ETHNICITY (circle) <small>Required for statistical purposes</small>	NZ/European Maori Pacific Islander European/Other Asian/Indian Other _____
YOUR CONTACT ADDRESS AND TELEPHONE NUMBERS	Contact address _____ _____ Postcode _____ Contact Phone No _____ Mobile Phone No _____ Fax No _____ Email _____
EMERGENCY CONTACT	Name _____ Phone No _____ Relationship _____
LEGAL WORK STATUS	Do you need a work permit to work in New Zealand? Yes/No If "Yes", what is the expiry date of your permit _____ If "Yes", please attach a copy of the permit
QUALIFICATIONS	Do you have any qualifications/certificates/or attended any courses relevant to the position applied for? (give details) _____ _____ Please describe the skills you hold which are relevant to the position applied for _____ _____

**EMPLOYMENT
HISTORY**

Present or Most Recent Employer.

Company_____

Address_____

Job held_____

Main Duties_____

No. of hours worked each week_____

Length of Service_____

Start Date_____ Finish Date_____

Reason for Leaving_____

Next Most Recent Employer.

Company_____

Address_____

Job Held_____

Main Duties_____

No. of hours worked each week_____

Length of Service_____

Start Date_____ Finish Date_____

Reason for Leaving_____

Next Most Recent Employer.

Company_____

Address_____

Job Held_____

Main Duties_____

No. of hours worked each week_____

Length of Service_____

Start Date_____ Finish Date_____

Reason for Leaving_____

Give details of any other job which may be relevant

REFEREES	<p>Give name, address and telephone numbers of at least two referees. (preferably former employers)</p> <p>Name_____</p> <p>Position_____</p> <p>Address_____</p> <p>Phone No_____</p> <p>Name_____</p> <p>Position_____</p> <p>Address_____</p> <p>Phone No_____</p> <p>If your application is successful when could you commence employment?_____</p>
GENERAL	<p>Are you prepared to work on weekdays?(Mon-Fri) Yes/No</p> <p>Are you prepared to work during School Holidays? Yes/No</p> <p>Are you prepared to work during weekends? Yes/No</p> <p>Are you prepared to work during evenings? Yes/No</p> <p>Have you been convicted of a criminal offence? Yes/No</p> <p>Are you awaiting the hearing of charges in a civil or criminal court of law? Yes/No</p> <p><i>(if yes for either of the two questions above, further Relevant information may be sought at the time of Interview)</i></p> <p>Do you have your own transport? Yes/No</p> <p>Do you have a current drivers licence? Yes/No</p> <p>Drivers Licence No_____</p> <p>Expiry Date_____</p> <p>Do you have your car insured? Yes/No</p> <p>I understand I will undertake all responsibilities as outlined in the job description Yes/No</p> <p>I understand that I will be required to undertake NZQA Community Support Service training as part of my orientation Yes/No</p> <p>I understand the attending monthly in-service training Is mandatory and any other training as required Yes/No</p> <p>Have you had an injury or medical condition caused by gradual process, disease or infection (e.g. back injury or strain, asthma, stress-related conditions, occupational overuse syndrome, sensitivity to chemicals), that may be aggravated or further contributed to, by the tasks of this job or prevent you</p>

	<p>from carrying out your responsibilities? Yes/No</p> <p>If yes, please detail_____</p> <p>_____</p> <p>_____</p>
	<p>It is a requirement for employees of Counties Manukau Homecare to undertake a Police Information Check and provide an ACC Accident Injury History Report.</p>
	<p>Do you consent to Counties Manukau Homecare Trust retaining the information contained in this application form for the purposes of considering your suitability for any other position which may arise with Counties Manukau Homecare Trust in the future Yes/No</p>
<p>DECLARATION</p>	<p>I _____(full name)</p> <p>declare that to the best of my knowledge the information supplied in this application and in any resume provided is correct and I understand that if any false or deliberately misleading information is given, or any material fact suppressed, I will not be accepted, or if I am employed, my employment will be terminated. I also understand that any false information given in relation to my medical history with regards to gradual process, disease or infection can result in my loss of entitlement for any compensation from the Workplace Insurer</p> <p>Signed_____</p> <p>Date_____</p>

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I consent to Counties Manukau Homecare Trust seeking verbal or written information on a confidential basis about me from referees and authorise the information sought to be released by them to Counties Manukau Homecare Trust for the purposes of ascertaining my suitability for the position for which I am applying. I understand that the information received by Counties Manukau Homecare Trust is supplied in confidence as evaluative material and will not be disclosed to me.

Yes/No

Name _____

Signature _____

Date _____

COUNTIES MANUKAU HOMECARE TRUST

STAFF PREFERRED TIMES

Please state the hours you are willing to work - we do not guarantee that these hours will be filled,
it will be as per client requirement.

The start and end times are the times that YOU are willing to accept work eg: you may not be able to start until 8.30am

NAME: _____

CONTACT PHONE NO: _____ **AREA RESIDE:** _____

DAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY	PUBLIC HOLS
MORNING TIMES - From 6.30 am to 12 pm								
Start								
End								
AFTERNOON TIMES - From 12 pm to 5 pm								
Start								
End								
EVENING TIMES - From 5 pm to 8 pm								
Start								
End								

SIGNATURE: _____

DATE: _____