

**COUNTIES MANUKAU HOMECARE TRUST**



"Providing quality care to support people in their homes"  
 "Haora awahi mo te whanau i o ratou kainga"

Phone: 09 238 8567  
 Fax: 09 238 6758  
 Email: [hss@cmht.co.nz](mailto:hss@cmht.co.nz)

P O Box 113  
 Pukekohe

**CONFIDENTIAL** To be completed personally by Applicant

**APPLICATION FOR SUPPORT WORKER EMPLOYMENT**

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

**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**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<p><b>REFEREES</b></p>	<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>
<p><b>GENERAL</b></p>	<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><b>It is a requirement for employees of Counties Manukau Homecare to undertake a Police Information Check and provide an ACC Accident Injury History Report.</b></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</p> <p style="text-align: right;">Yes/No</p>
<p><b>DECLARATION</b></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><b>Signed</b> _____</p> <p><b>Date</b> _____</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:** \_\_\_\_\_