



## APPLICATION FOR VACANCY at Aotea Pathology Ltd

Please submit this application form along with your curriculum vitae and a cover letter. This documentation provides us with evidence of the skills, knowledge and experience you have for the position and will be used by Aotea Pathology to consider your suitability for the vacancy. Failure to provide this information in your application may limit our ability to assess your suitability for the position.

Please note: your documentation will not be returned to you. Unsuccessful applications will be kept for a period of one year, after which time they will be destroyed. If your application is successful then the information will form part of our personnel records.

POSITION APPLIED FOR: \_\_\_\_\_

PERSONAL DETAILS	
Title	<input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Mr <input type="checkbox"/> Dr   Other _____
Surname / Family Name	_____
First Name(s)	_____
Known As	_____

EDUCATION DETAILS	
Qualifications <i>(please list educational institution and subjects/majors)</i>	_____ _____
Other Qualifications <i>(please list certificates, licences or relevant courses)</i>	_____ _____
Please describe your computer skills level <i>(typing speed, familiarity with software packages)</i>	_____ _____

EMPLOYMENT HISTORY AND REFEREES	
Present or most recent employer	_____
Position	_____
Period of service	From _____ To _____
Reason for leaving	_____
In compliance with the Privacy Act 1993, do you consent to this employer being contacted for reference checking?	<input type="checkbox"/> Yes
If NO, would you consent to a reference check being made following an offer of employment, subject to this check being satisfactory?	<input type="checkbox"/> Yes
Next most recent employer	_____
Position	_____
Period of service	From _____ To _____
Reason for leaving	_____
In compliance with the Privacy Act 1993, do you consent to this employer being contacted for reference checking?	<input type="checkbox"/> Yes

**Referees** –If you did not provide 2 referees above, please given the name, address and telephone numbers of at least two referees:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

### ELIGIBILITY TO WORK IN NEW ZEALAND

Are you a New Zealand citizen?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If not, do you have: permanent resident status?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
or a valid work permit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Work permit expiry date: <i>(Please provide photocopies, originals will need to be sighted at a job interview)</i>	/	/

### HEALTH

Do you or have you suffered from any injury or medical condition caused by a gradual process, disease or infection (e.g. occupational overuse syndrome, hearing loss, chemical sensitivity) which this job may aggravate or contribute to?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, what are the details of the injury/medical condition? How is your performance in this job likely to be affected?		
_____		
_____		
Do you have any other health condition or disability which could affect your ability do this job?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please provide details of the health condition:		
_____		
_____		
Do you require any special services or facilities to carry out this position's duties, in addition to what may be listed above?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please provide details of these requirements:		
_____		
_____		

### DRIVING LICENCE (ONLY FOR POSITIONS INVOLVING DRIVING)

Do you hold a current drivers licence? <i>(if relevant to the position)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, what level and what classes? <i>(please provide a photocopy)</i>		
_____		
_____		
Have you completed a defensive driving course?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do you have any demerit points or licence endorsements?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please provide details:		
_____		

### FOR POSITIONS REQUIRING PROFESSIONAL REGISTRATION ONLY

Do you have a current New Zealand Practising Certificate/Registration?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If yes, please attach a copy, and note the number and first year of registration below: _____	
Have you ever been denied professional registration or had registration removed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide details: _____ _____	
Have you ever been subject to a professional disciplinary inquiry?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please provide details: _____ _____	

CRIMINAL CONVICTIONS	
Have you been convicted of any offence against the law, in New Zealand or any other country, or do you have any criminal charges pending? <i>Not including any concealed under the Criminal Records (Clean Slate) Act 2004.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please give full details: _____ _____	

### RECRUITMENT PUBLICITY

Where did you learn about this vacancy?  
\_\_\_\_\_

The information provided in this application will be used to assess your application for employment. If unsuccessful for this position, you may be considered for other positions in Aotea Pathology Ltd within the next year. Do you consent to your details being given to other departments for this purpose?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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I certify that my replies to the questions are, to the best of my knowledge, true and correct and no relevant material or information has been omitted. I understand that any false or misleading information related to a medical condition may result in a work related injury claim not being accepted. I understand that any other incorrect, misleading or omitted information in respect to this application or my curriculum vitae may disqualify me from consideration for this position or, if appointed, make me liable for dismissal. I understand that the information supplied on this form will be used to help Aotea Pathology Ltd assess my application for employment.

I consent to verbal or written information being sought about me on a confidential basis from the referees I have nominated in this application and my curriculum vitae and I authorise the information requested to be released. I understand that the information that is supplied in confidence is evaluative material and will not be disclosed to me as allowed in terms of the Privacy Act 1993. I also understand that my current employer will not be contacted without my consent, unless I am an employee of Aotea Pathology Ltd, in which case my current manager may be contacted.

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Send this form to the contact person listed in the vacancy advertisement at:  
Aotea Pathology, Level 6, 89 Courtenay Place, Wellington, 6011.**