



## Employment Application Form:

### Important Notes for Applicants:

Thank you for applying for this position.

Please ensure you have a copy of the position description before completing this application.

1. Please fully complete this form and sign and date the last page.
2. Attach a curriculum vitae (CV) containing any additional information, if necessary.
3. Copies only of qualification certificates should be attached. If successful in your application, you may be required to provide the originals as proof of qualifications.
4. Failure to complete this application and answer all questions truthfully may result in any offer of employment being withdrawn or appointment being terminated, if any information is later found to be false.
5. All applicants will be required to give consent to a Police Check.
6. Shortlisted applicants being interviewed will need to provide originals of both a primary identity document (e.g. passport) and a secondary identity document (e.g. New Zealand driver license).
7. This application form and supporting documents will be held by the board. You may access these in accordance with the provisions of the Privacy Act 1993. If you have any queries, please contact the person cited in the advertisement.

**Position:**      **Emergency Housing Navigator**

Tick one: Mr  Mrs  Ms  Miss  Or other preferred title: .....

SURNAME/FAMILY NAME:.....

FIRST NAME(S): .....

Mobile: .....

Email Address: .....

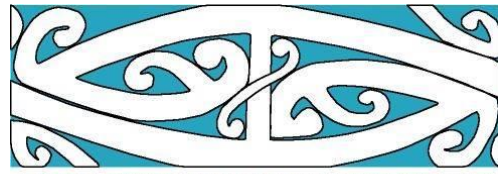
Postal Address: .....

Please tick the appropriate boxes:

<u>Immigration information</u>	
Are you a New Zealand citizen?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If not, do you have resident status, or A current work permit	Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have a current New Zealand driver's licence?	Yes <input type="checkbox"/> No <input type="checkbox"/>



**Kāpiti  
Impact  
Trust**



**HORA TE PAI HEALTH SERVICES**

This position may involve work with children/young people.

Have you ever been the subject of any concerns involving child safety?

Yes  No

If "Yes", please detail:

Are there any other factors that we should know to assess your suitability for appointment and your ability to do the job?

Yes  No

If "Yes", please detail:

**Referees**

Please provide the names of three people who could act as referees for you. One of these should be your current or most recent employer. Please indicate which referee is your current/previous employer in the table below. If you have included written references from people other than those recorded below, please note that we may contact the writers of these references.

Name	Organisation	Position/ Relationship	Landline (preferred)	Mobile

*Authority to approach other referees*

I authorise the Board, or nominated representative, to approach persons other than the referees whose names I have supplied, to gather information related to my suitability for appointment to the position.

Yes

No

I certify that:

- The information I have supplied in this application is true and correct.
- I confirm in terms of the Privacy Act 1993 that I have authorised access to referees.
- I know of no reason why I would not be suitable to work with children/young people.
- I understand that if I have supplied incorrect or misleading information, or have omitted any important information, I may be disqualified from appointment, or if appointed, may be liable to be dismissed.

Signature \_\_\_\_\_

Date \_\_\_\_\_