

**Employment Application and Declaration Form**

**To accompany curriculum vitae**

|  |  |  |
| --- | --- | --- |
| Position | Adam Art Gallery Internship | |
| **Reference Number** | N/A | |
| **Where did you first see this position advertised?**  E.g. VUW website, Dominion Post, NZ Herald, Education Gazette, SEEK, Trade Me Jobs, Working In | |  |

Personal Information

**Collecting and holding personal information:** This information is collected for the purpose of assessing your suitability for employment with Victoria University of Wellington. If your application is successful this form will be retained on your personal file.

|  |  |  |  |
| --- | --- | --- | --- |
| **Title** |  | | |
| **Full Name** |  | | |
| **Address** |  | Work Telephone |  |
| Home Telephone |  |
| **Mobile** |  |
| **Alternative Telephone** |  |
| **Email** |  |
|  |  | **Alternative Email** |  |

**What is your preferred method of contact? Email or Post?**

Referee Information

In making this application, you consent to Victoria University of Wellington seeking verbal or written information about your suitability for the position from any of the referees you have nominated below. You authorise the information to be released to those involved in the selection process. The referees must include a current and at least one other recent employment-related referee. Generally personal referees will not be acceptable.

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| --- | --- | --- | --- | --- |
| **Current Employer** (If not currently employed, your most recent Employer) | | | | |
| **1. Name** |  |  | **2. Name** |  |
| **Address** |  |  | **Address** |  |
| **Telephone** |  |  | **Telephone** |  |
| **Mobile** |  |  | **Mobile** |  |
| **Fax** |  |  | **Fax** |  |
| **Email** |  |  | **Email** |  |
| **Position** |  |  | **Position** |  |
|  |  |  |  | Continued over page |
| **3. Name** |  |  | **4. Name** |  |
| **Address** |  |  | **Address** |  |
| **Telephone** |  |  | **Telephone** |  |
| **Mobile** |  |  | **Mobile** |  |
| **Fax** |  |  | **Fax** |  |
| **Email** |  |  | **Email** |  |
| **Position** |  |  | **Position** |  |

Candidate Declarations

As part of the employment process we gather and confirm as much relevant information as possible for the role you have applied for. This is to ensure we select the best person possible for the role and to also ensure we meet various legislative requirements.

The information you provide will assist us with the selection process. If you are the preferred candidate, in addition to reference checking and qualification verification, further background checks may be undertaken if required, for the role you have applied for. These may include criminal history; credit check; fraud check; bankruptcy check; Police vetting; occupational registration verification; licence verification and occupational membership verification. We seek, as part of this employment and declaration form, your written consent in advance to undertake such checks if you are the preferred candidate.

Employment in New Zealand

|  |  |  |
| --- | --- | --- |
| **Are you legally entitled to work in New Zealand?**  (i.e. As a New Zealand or Australian citizen/permanent resident/holder of a current and valid work permit\* | Yes | No |
| **\*Advise expiry date of work permit:** | | | |

Health Status

The following information is required to assist Victoria University of Wellington in meeting its obligations under the Health and Safety at Work Act and the Injury Prevention Rehabilitation and Compensation Act, and to assess your ability to do the job.

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| --- | --- | --- |
| **Have you had, or do you have, an injury, medical condition or disability – for example, hearing loss, sensitivity to chemicals, repetitive strain injury, mental illness or condition – that could be aggravated or further aggravated by the tasks and responsibilities that you would be required to perform in this role, or at the location(s) at which you would be required to undertake the work?** | Yes | No |
| **Do you believe this condition will affect your ability to carry out effectively and safely the functions and responsibilities of this role?** | Yes | No |
| **If yes to either of the above questions, give details** (Note: The University complies with the Human Rights Act and a declaration of an injury, medical condition or disability will not rule you out of consideration for the role): | | |
| **Should you be appointed, would you require any specific equipment and/or particular environment/location etc to undertake the functions and responsibilities of the role?** | Yes | No |
| **If yes, give details:** | | |
| Note:In some situations, further specific medical information relating to the requirements of the role will be needed. Therefore, before being offered employment, you may be required to undertake a pre-employment medical examination and/or authorise the release of relevant ACC claims history relating to yourself. In this case, a satisfactory report to Victoria University of Wellington will be a condition of employment. | | |

Criminal Charges and Convictions

|  |  |  |
| --- | --- | --- |
| **Have you been convicted of any offence against the law other than minor traffic offences?** | Yes | No |
| **If yes, give details:** | | |
| **Do you have any criminal charges pending other than minor traffic offences?** | Yes | No |
| **If yes, give details:** | | |
| Note:Individuals with minor convictions who have been conviction free for at least seven years, and who meet all other relevant criteria to put their past behind them, may conceal such convictions under the Criminal Records (Clean Slate) Act 2004. Further information refer to the Ministry of Justice www.justice.govt.nz | | |

Additional Information

|  |  |  |
| --- | --- | --- |
| **Are you currently, or have you ever been, an employee of Victoria University of Wellington?** | Yes | No |
| **If yes, give date(s) and position(s) held:** |  |  |
| **Do you have a spouse, partner, relative or household member working as an employee, contractor or consultant at Victoria University of Wellington?**  (Note: your response to this question may be necessary to prevent potential conflict(s) of interest). | Yes | No |
| **If yes, do you consider you may have a potential conflict of interest, either as the result of the above or some other association such as an involvement or employment in another organisation/business? Please provide details.** |  |  |
| **If your application is accepted, when could you commence employment?** |  | |

Declaration

|  |  |  |  |
| --- | --- | --- | --- |
| **I, (full name) declare that to the best of my knowledge, the answers to the questions in this application are correct.**  **I understand that this form, together with the written material I have supplied, and evaluative material including any interview notes, will be held confidentially and used only for the purposes of this application for employment. I agree to notify Victoria University of Wellington of any future change to the information supplied during the course of this application process and/or for my records should I be successful in obtaining employment with Victoria University of Wellington.**  **I agree to such pre-employment checks as deemed necessary being undertaken by Victoria University of Wellington for the role I have applied for.**  **I understand that should I be appointed to the role and I do not currently work at Victoria University of Wellington, I must provide certified proof of identity (such as a birth certificate or passport) and evidence of New Zealand or Australian citizenship, residence or a valid work permit prior to commencing employment.**  **I understand that should I be appointed to the role I must provide original or certified documentation supporting my educational qualifications. For overseas qualifications, if I have not had my qualification(s) evaluated by the New Zealand Qualifications Authority, I may be required to do so before any offer of employment can be confirmed.** *(Note: For further information refer* [*http://www.nzqa.govt.nz/qualifications-standards/international-qualifications/*](http://www.nzqa.govt.nz/qualifications-standards/international-qualifications/)*)*  **I understand that the information given in the health section of this application form may be requested by ACC.**  **I understand that if any false or misleading information is given, or any material fact suppressed, I may not be employed, or if I am employed, I may be dismissed.** | | | |
|  | | | |
| **Signature:** |  | **Date:** |  |

**Note: By typing your name here you are deemed to have signed this form.**