

# Optical Recruitment New Zealand

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## Application Form

Please **fill** in this form and **forward** it **together with your CV** and **any other material you consider relevant**, via email, post or fax to the above address.

*This form and any other material you provide with it, is a source of information which will be used in considering your suitability for the position for which you are applying. Failure to supply the information requested may prejudice our ability to assess your suitability.*

Position applied for: \_\_\_\_\_ Vacancy No: \_\_\_\_\_

Name (Prof/Assoc Prof/Dr/Ms/Mrs/Mr/Miss): \_\_\_\_\_  
(Surname or family name) (First name)

Full postal address: \_\_\_\_\_ Date of Birth: / /

Telephone: Home \_\_\_\_\_ Work \_\_\_\_\_

Mobile/messages: \_\_\_\_\_

Other details: Fax \_\_\_\_\_ Email \_\_\_\_\_

Names of **two** or **three** referees **whose consent has been obtained** and who may be contacted for a confidential reference. (Where possible at least two of the referees should be able to give **work related information** and should have supervised or been senior to you in your **current or most recent employment**)

1. Name: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

2. Name: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

3. Name: \_\_\_\_\_ Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email: \_\_\_\_\_

Do you consent to Optical Recruitment NZ retaining the information obtained in relation to this application for the purpose of assessing your suitability for other positions for which you may be considered within the next six months:

Yes/No

Date available to start: \_\_\_\_\_

Or period of notice required in current employment: \_\_\_\_\_

Are you legally entitled to work in New Zealand?

Yes/No

Do you have any other business interests that may conflict with the position for which you are applying?

Yes/No

If so please state what these are:

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As part of our pre-employment process you may be required to undertake a full medical assessment which will include testing for banned drugs. Do you give your consent to the medical assessment?

Yes/No

Have you had any convictions for criminal offences other than minor driving infringements?  
Or have **you ever been disqualified from driving?**

Yes/No

Yes/No

**If yes please give details:**

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**Are you awaiting any court appearances?**

Yes/No

Have you ever been disciplined or dismissed from employment for?

**Dishonesty or unauthorised possession of company property**

Yes/No

**Assault or fighting**

Yes/No

**Alcohol or substance abuse**

Yes/No

**Violating Health & Safety rules**

Yes/No

**Have you ever had your name changed by statutory declaration?**

Yes/No

**If yes please give details:**

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*The following information is required to assist Optical Recruitment NZ to meet its obligations under the Health and Safety in Employment Act 1992 and the Accident Rehabilitation and Compensation Insurance Act 1992, and to assess you ability to do the job.*

Do you suffer from or have you suffered any injury or medical condition caused by gradual process, disease or infection (e.g. repetitive strain injury, occupational overuse syndrome, back injury or strain, hearing loss, sensitivity to chemicals) which this job may aggravate or contribute to?

Yes/No

**If yes please give details:**

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Do you have any health condition which could affect your ability to do this job?

Yes/No

**If yes please give details:**

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Completion of the following information is **voluntary**. It is collected for **statistical purposes** to assist with equal employment objectives.

1        **Male**                    **Female**

2        **To which of the following ethnic groups do you consider you belong?**

New Zealander    Maori    Pacific Island    Other \_\_\_\_\_

3        **Do you live with the effects of injury, long term illness, or disability/disabilities?**                    **Yes/No**

If yes what do they affect (eg movement, hearing, speech) \_\_\_\_\_

## Declaration

*I consent to Optical Recruitment NZ seeking verbal or written information about me which includes **all Professional Memberships** and **all Tertiary qualifications** on a confidential basis and **authorise the information requested to be released**. I understand that the information will be supplied in confidence as evaluative material and will not be disclosed to me.*

*I understand Optical Recruitment NZ uses **Baycorp Advantage** to seek information on me and*

*I hereby certify that all the **information** given orally and in writing by me for my application is **true and complete** to the best of my knowledge and belief. I understand that the provision of **false, incomplete or misleading information** will be grounds for **summary dismissal**.*

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_