

## F3.9.2: Application for Employment

The Methodist Mission  
PO Box 2391  
SOUTH DUNEDIN  
Email to: admin@mmsouth.org.nz

### Purpose

This information is collected for the purpose of assessing your suitability for employment at the Methodist Mission. Unsuccessful applications will not be returned but will be destroyed one month after the position has been filled. PLEASE DO NOT ATTACH ORIGINAL COPIES OF CERTIFICATES OR OTHER IMPORTANT DOCUMENTS.

To be completed personally by the applicant (please print) and returned with a current curriculum vitae and covering letter to the above address.

### Position

Position applied for: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_.

### Personal particulars

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Surname: \_\_\_\_\_

First Names: \_\_\_\_\_

Address: \_\_\_\_\_

Tel: (day): \_\_\_\_\_

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

- Have you previously worked for the Methodist Mission? **Yes/No:**

If Yes, where and when?

\_\_\_\_\_

- For the purpose of managing reporting relationships, do you have a spouse, partner, relative or household member working for the Methodist Mission?

**Yes/No:**

If Yes, who and where?

\_\_\_\_\_

- Do you have other employment that you would intend to continue if appointed to the job?

**Yes/No:**

If Yes, please detail

\_\_\_\_\_

**Resident status**

Are you a citizen of New Zealand or Australia

Yes/No:

If no, do you have a work permit

Yes/No

Work Permit Number: \_\_\_\_\_ Expiry Date: \_\_\_\_\_

**Languages**

What languages do you speak/sign?:

**Why do you want this position?:**

Briefly state your reasons for seeking this position.

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**Education**

List your main qualifications, examinations passed, courses completed, and any other education or courses you are currently completing. If you are successful, you will be required to produce original certificates.

**Employment history**

Start with present employer, then list previous employers in date order.

<i>Employer</i>	<i>Position</i>	<i>Period</i>	<i>Reason For Leaving</i>

**Transport**

Do you have a current driver's license?

Yes/No:

If Yes, please detail what you are licensed to drive:

*If successful you will be required to provide a photocopy of your driver's licence.*

### Referees

Give name, address and telephone number of at least two referees (preferably from your most recent employers).

<i>Name</i>	<i>Position</i>	<i>Address</i>	<i>Phone Number</i>

I consent to the Methodist Mission seeking verbal information about me from representatives of my previous employers and/or referees and I authorise the information sought to be released.

Signature: \_\_\_\_\_ Date: / / .

### Medical

These questions are intended to help identify any health conditions that may affect your ability to safely perform the requirements of the job, and / or which you may need support to manage in the workplace.

- Please provide details of any current or previous injury, illness, or other medical condition that may affect your ability to effectively and safely fulfil the requirements of the job as outlined in the job description

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- Do you agree to undergo a medical examination if required? **Yes/No:**

- Do you suffer from any allergies which would affect your work? **Yes/No:**

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If Yes, please outline below:

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- Have you had an injury or medical condition caused by gradual process, stress, disease or infection arising out of work that may be aggravated or further contributed to by the tasks of this job? **Yes/No:**

If Yes, provide details:

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## General

As an employer who works closely with vulnerable members of our community the Methodist Mission Southern requires proof of vaccination or confirmation of a medical exemption before hiring.

- Are you able to provide evidence of a current vaccination for COVID-19 or a medical exemption? **Yes/No:**

- Subject to the provisions of Criminal Records (Clean Slate) Act 2004, have you ever been convicted for any offence against the law, or do you have any criminal charges pending (apart from minor parking matters)?

**Yes/No:**

If Yes, please give details

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*Please note: a Police Vetting Report is required for all Volunteers and Staff, as per the Vulnerable Children's Act and any offer of employment will be contingent on your meeting the requirements of the VCA.*

- Do you agree that Oranga Tamariki may provide the Mission with any information they hold that may relate to your suitability for this role (applies only for roles where you may have responsibility for children)?

**Yes/No:**

- Do you hold a current First Aid Certificate? Yes/No:

If you answered Yes to this question, please advise what Organisation this was attained through and the expiry date.

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- Are you prepared to handle all products, materials or equipment used in this industry?

**Yes/No:**

- Are you prepared to work flexible hours?

**Yes/No:**

- Have you any previous experience in a similar position?

**Yes/No:**

If Yes, number of years

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Have you ever attended an approved training course applicable to this position?

**Yes/No:**

If Yes, provide details

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- If your application is accepted, when could you commence employment?

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#### **Declaration**

I \_\_\_\_\_, declare that to the best of my knowledge the answers in this application are correct. I understand that if any false or deliberately misleading information is given, or any material fact suppressed, I will not be accepted for employment, 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 injury, gradual process, disease, or infection can result in my loss of entitlement for any ACC compensation. I further understand that any offer of employment made is conditional on my obtaining a satisfactory Police Vetting Certificate, and if requested a full medical clearance.

Signed: \_\_\_\_\_

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_.

## HR Monitoring

The Mission regularly reviews the anonymised data from these two questions to ensure best EEO practice.

This page of the application form will be removed prior to shortlisting and interviewing and the data recorded in a way that does not allow individual personal details to be identified.

Which ethnic group(s) do you belong to? *Mark the space or spaces that apply to you.*

<input type="checkbox"/>	Pākehā / New Zealand European
<input type="checkbox"/>	Māori <i>Please state your Iwi affiliations (if known):</i>
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	Samoan
<input type="checkbox"/>	Cook Island Māori
<input type="checkbox"/>	Tongan
<input type="checkbox"/>	Fijian
<input type="checkbox"/>	Niuean
<input type="checkbox"/>	Chinese
<input type="checkbox"/>	Indian
<input type="checkbox"/>	Other (such as Dutch, Japanese, Tokelauan). <i>Please state:</i>
<input type="checkbox"/>	
<input type="checkbox"/>	Prefer not to say

- Gender:
- Female
  - Male
  - Other
  - Prefer not to say

Date of Last Revision: October 2021  
Date of Next Review: July 2025