



Application Pack

CONFIDENTIAL

Position	
Name	
Date	

The applicant in his or her own handwriting must complete this form. Please note the completion and submission of this form by you does not mean that EMANZ Ltd is under any obligation to employ you.

You must provide complete information in answer to each question unless otherwise advised, regardless of whether you consider it relevant to the position applied for.

Collecting and holding personal information

The information you provide on this form will be collected and held by the Chief Executive and/or Human Resources Unit.

Purpose

This information is held for the purpose of assessing your suitability for employment with the Emergency Management Academy of New Zealand Ltd (EMANZ), any such employment may include subsequent changes in the company.

If your application is successful this form will be retained on your personnel file. If unsuccessful it along with any other application documents will be destroyed after approximately twelve months.

Information access

You have the right to access personal information and to seek any correction you think necessary to ensure accuracy.

Recruitment Process

Find below a general outline of our recruitment process for your information.

1. Advertisement or direct notice
2. Applicants can review job description and seek further information from contact person
3. Applicants complete application pack and return address below or as advertised
4. EMANZ reviews applications and compiles short list for interviews
5. Initial interviews undertaken by EMANZ
6. Second interviews or selection activities may be undertaken by EMANZ
7. Referee, credential, suitability and background checks made on finalists
8. Preferred applicant offered position conditional to:
 - a. pre-employment medical and drug test clearance
 - b. pre-employment psychological testing
 - c. supply of academic records, licenses and other documentation
 - d. confirmation of residency or citizenship
 - e. approval of tutor status by Tai Poutini Polytechnic (if required)
9. Position offered to preferred applicant if pre-employment checks and tests satisfactory.
10. Unsuccessful applicants advised

Section 1

Personal Information

First names	Family name
Also known as	NZQA Identification
Address	Phone (Mobile)
	Phone (Evening)
City	Phone (Day)

Section 2

Education & Training

Either:

- Attach a functional CV (preferred) that covers the below information or
- Complete the below three tables

Secondary School Qualifications

Year	School	Level & Subjects

Tertiary & Trade Qualifications

Year	Provider	Qualification

Other Qualifications/Courses

Year	Provider	Qualification/Courses/Licenses

Do you hold a current NZ Drivers license? Y / N Class(es): _____

List any endorsements: _____

Section 3

Employment history

Have you been previously employed by EMANZ or within the emergency management sector? Y / N

Starting with the most recent employer, list all previous employers and periods of employment

Note: Copy this page if you require more space.

Name of employer	
Position held	
Length of service from	to
Employer address	
Reason for leaving	

Name of employer	
Position held	
Length of service from	to
Employer address	
Reason for leaving	

Name of employer	
Position held	
Length of service from	to
Employer address	
Reason for leaving	

Name of employer	
Position held	
Length of service from	to
Employer address	
Reason for leaving	

Name of employer	
Position held	
Length of service from	to
Employer address	
Reason for leaving	

Referees

Please give details of referees you authorise for us to contact, preferably not less than two work related referees.

Referee name	
Postal address	
Phone (day)	
Phone (evening)	
Occupation	

Referee name	
Postal address	
Phone (day)	
Phone (evening)	
Occupation	

Referee name	
Postal address	
Phone (day)	
Phone (evening)	
Occupation	

General

Do you agree to enquiries being made as to the accuracy of information contained in this document or associated job application documents, or any other matter relating to your suitability for this employment?

Present employer	Yes	No
Past employer(s)	Yes	No
Any other person	Yes	No
Tertiary providers/NZQA	Yes	No

Should you be employed, do you intend to engage in any other paid work whilst employed with this company?

Yes No *If yes, please give details below*

Have you ever been charged or convicted of a criminal offence, or placed on Police diversion?

Yes No *If yes, further information relevant to potential employment may be sought at any subsequent interview.*

Do you have or are you aware of any likely commitments which may prevent you from attending your place of employment during company working hours or affect your availability for working outside of normal office hours if required?

Yes No

Are you a member of the either the NZ Army Territorial Force or Royal NZ Naval Reserve?

Yes No

Do you have a spouse, partner, relative or household member working in this company or elsewhere in the emergency management industry?

Yes No

Do you smoke at work?

Yes No

Are you prepared to obey our work, quality management and health/safety rules, policies and procedures?

Yes No

Are you prepared to work, from time to time:

After hours	Yes	No
On weekends	Yes	No
Away from home	Yes	No
On call	Yes	No
Shift work	Yes	No
Overseas	Yes	No

Do you have the right of permanent residence in New Zealand or a valid work permit (evidence will be required to be sighted if you are subsequently interviewed for a position)?

Yes No

Can you swim 200 metres confidently?

Yes No

Do you have any phobias that we should be aware of?

Yes No *If so, please describe below*

What are you personal interests (hobbies, sports etc)?

Section 5

Occupational health

Have you ever had an injury or medical condition by gradual process injury, disease or infection that may be aggravated or further contributed to by any task that you may be called upon to perform by this company. All employment positions in this company involve lifting weights, turning, twisting, bending, standing and stretching; some also include working at heights, working in water, working in confined spaces and other strenuous tasks in demanding environments.

Yes No *If yes, please supply details below:*

Are you allergic to, or have any sensitivity to chemicals?

Yes No

Are you taking any prescription medicines?

Yes No *If yes, please describe below*

Have you suffered any of the following?

Please circle if any conditions that you have suffered or suffer from:

Hearing loss	Diabetes	Back injury/Strain
RSI/OOS	Heart complaint	Blackouts
Seizures	Asthma	Hernia
Dermatitis/Eczema	Eyesight difficulties	Mental illness

Do you have any other condition that may affect you ability to effectively carry out the functions and responsibilities of an employee?

Yes No *If yes, please describe below*

How many days absence in your last 12 months of employment were stated by your or a medical practitioner to be due to sickness, injury and/or accident?

0-2 3-5 6-10 11-15 16-20 20+

Section 6

What has prompted you to apply for this position?

What do you believe you can uniquely offer EMANZ? What special talents can you bring to us?

Describe your personality using 10 key words.

What are your strengths and weaknesses?

Strengths	Weaknesses

What do you perceive your duties to entail?

What are your future aspirations or plans?

Section 7 Declaration

I _____ (full name) hereby declare that to the best of my knowledge, the answers I have given to the questions in this application are correct. I understand that if any false information is given, or any material fact suppressed, I may not be accepted for employment, or if I am employed, the Employer may justifiably dismiss me at any time on these grounds. I also understand that any false information given in section 5, the occupational health/medical portion of this application, may result in my loss of entitlement for any form of employer-related compensation for injury or medical condition by gradual process injury, disease of infection that may be aggravated or contributed to by any tasks that I may be called upon to perform by the employer.

Date _____

Signed _____