



## Application for Employment

This information is collected for the purpose of assessing your suitability for employment at PSA. If selected this information will be kept on file. It may be accessed and corrected by the employee. If your application is unsuccessful you may request the return of your application. Otherwise it will be held on file for 12 months and then destroyed.

Please complete this Application for Employment and return it with a letter of application and a CV to support your application.

**Position Applied for:** \_\_\_\_\_ **Location:** \_\_\_\_\_

### Section 1: Personal Details

**Name:** \_\_\_\_\_  
TITLE GIVEN NAME FAMILY NAME

**Address:** \_\_\_\_\_  
STREET SUBURB CITY

**Contact details:** \_\_\_\_\_  
PHONE NUMBER EMAIL ADDRESS

### Section 2: Employment in New Zealand

Are you legally entitled to work in New Zealand? YES/NO

The PSA is required by law to ensure that all employees are legally allowed to work in New Zealand. If you are **not** a New Zealand citizen or a permanent resident, we ask for additional information to help us to meet this legal requirement.

If you are legally entitled to work because you have a work visa, please indicate the conditions of the visa and when that visa will expire.

Conditions: \_\_\_\_\_

Expiry Date: \_\_\_\_\_

Please attach a photocopy of your passport photo page and the visa.

Do you, if shortlisted, authorise the PSA to confirm your current visa status with Immigration NZ?

YES/NO

### Section 3: Drivers Licence

You may be required to drive one of the PSA pool cars from time to time.

Do you hold a current New Zealand drivers licence? YES/NO

Are there any special conditions on your licence? YES/NO  
If YES what are they: \_\_\_\_\_

Have you accrued any demerit points within the last two years? YES/NO

If YES, how many points have you accrued: \_\_\_\_\_

### Section 4: Medical issues

Do you have any disability or medical condition that may affect your ability to effectively carry out the role you apply for? YES/NO

If YES, please provide details (please include details of any services or facilities which would allow you to carry out this role satisfactorily):

Have you had an injury or medical condition caused by gradual process, disease or infection, for example Occupational Overuse Syndrome/Repetitive Strain Injury, which tasks of this job may aggravate or contribute to? YES/NO

If YES please provide details of any strategies or equipment that can be used to manage the condition:

## Section 5: Referees

I hereby authorise PSA to contact the following individuals to act as my referees for the purposes of my application for the above position; as required under the Privacy Act 2020.  
(If you are currently employed we prefer that one of the referees you nominate, is the person who you report to in your current role).

### Referee 1.

Name: \_\_\_\_\_

Current position: \_\_\_\_\_

Relationship: \_\_\_\_\_

Company: \_\_\_\_\_

Contact Numbers:

### Referee 2.

Name: \_\_\_\_\_

Current position: \_\_\_\_\_

Relationship: \_\_\_\_\_

Company: \_\_\_\_\_

Contact Numbers: \_\_\_\_\_

## Declaration and Acknowledgement

This information is being collected to enable the PSA to assess your suitability for this position and will be used for this purposes only. If you fail or refuse to provide the information requested, then your application may be rejected by the PSA. If you provide false or inaccurate information, this will be considered serious misconduct and may result in dismissal should you be employed by the PSA. Please note that any false information given in section 4, titled Disabilities or Medical Conditions, may result in your loss of entitlement to compensation from ACC/health and disability insurance.

The Privacy Act 2020 provides you with the right to request access to and/or correct personal information about you held by the PSA.

I \_\_\_\_\_ (full name) declare the information I have given, whether oral or in writing (including information provided in my curriculum vitae) is correct and I understand that if I have given false or misleading information or have knowingly omitted important information, I may be disqualified from further consideration or, if appointed, may be liable to dismissal.

Your signature:

Date: