



TE RARAWA

APPLICATION FOR EMPLOYMENT

POSITION APPLIED FOR		DATE	
PERSONAL INFORMATION			
Family Name:			
Given Names:			
Contact Address:			
Date of Birth:			
Next of Kin Name, Relationship (Parent/Wife/etc) & Contact Number:			
Email Address:			
Contact Phone:	Day	Evening	
Have you reached the current school leaving age			Yes/No
Are you legally entitled to work in New Zealand? As:			Yes/No Yes/No
<ul style="list-style-type: none"> • A New Zealand citizen A permanent resident • A holder of a current work permit 			

EDUCATION AND TRAINING		
Schools and institutions attended	Dates	Courses taken and qualifications gained
Do you have any other qualifications/certificates/licenses or attended any courses? (Give details)		



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Present or most recent employer	
Company:	
Address:	
Position Held:	
Main duties:	
No. of hours per week:	
Length of service:	
Reason for leaving:	
For the purposes of compliance with the Privacy Act 2020, do you consent to the company contacting your present employer for the purposes of reference checking.	Yes/No
Next most recent employer	
Company:	
Address:	
Position Held:	
Main duties:	
No. of hours per week:	
Length of service:	
Reason for leaving:	
Next most recent employer	
Company:	
Address:	
Position Held:	
Main duties:	
No. of hours per week:	
Length of service:	
Reason for leaving:	
Have you ever worked for this company or an associated company before?	Yes/No
If yes, where and when:	
Do you have secondary employment?	Yes/No
If yes, please detail:	

COMPULSORY:

- Please supply a cover letter introducing yourself and what has motivated you to apply for this role.
- Please supply a curriculum vitae (C.V.) that provides evidence of NZQA or Industry training qualifications as well as a list of license numbers attained complimentary to this role.
- Please give examples of previous positions held where you have had set specific tasks and applied some actions to achieve the result.



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REFEREES			
Give name, address and telephone numbers of at least two referees.			
<i>Name</i>	<i>Position</i>	<i>Address</i>	<i>Phone No.</i>

I consent to the company seeking verbal or written information on a confidential basis about me from representatives of my previous employers and/or referees and authorise the information sought to be released by them to the company for the purposes of ascertaining my suitability for the position for which I am applying. I understand that the information received by the company is supplied in confidence as evaluative material and will not be disclosed to me.

Signature: Date:

GENERAL	
Do you have any criminal convictions, not including any concealed under the Criminal Records (Clean Slate) Act? If yes, please detail:	Yes/No
Have you been the subject of a Diversion ordered by the courts?	Yes/No
Are you awaiting the hearing of any criminal charges? If yes, please detail:	Yes/No
Do you have a current driver's licence? (photocopy both sides please) (minimum requirement to drive a company vehicle is a Restricted Licence) If yes, what classes?	Yes/No
Driver's License no:	
Do you have any demerit points or endorsements?	Yes/No
Do you have any civil legal proceedings against you pending? If yes, please detail:	Yes/No



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MEDICAL

Have you ever suffered with or currently suffer with any of the following? If yes, please provide more details, including any treatment/medication: Tetanus, Leptospirosis, Diabetes, Hepatitis:	
Epilepsy, Seizures (Fits), convulsions, blackouts, dizzy spells:	Yes/No
Skin conditions (eg eczema, dermatitis):	Yes/No
Back sprain/strain:	Yes/No
Hearing loss / Vision disturbances:	Yes/No
Lung conditions (eg wheezing, bronchitis, asthma):	Yes/No
Shoulders, elbows, wrists or hands conditions:	Yes/No
Hips, knees, ankles or feet conditions:	Yes/No
Allergies or sensitivities:	Yes/No
Do you have difficulty wearing any Personal Protective Equipment (PPE) such as: glasses, goggles, boots, earmuffs or plugs, respirator, face shield?	Yes/No
Have you ever had an ACC claim for an injury or disease that may prevent you from completing the duties you will be employed for? If yes, then please provide more detail including dates and if your claim is still open:	Yes/No
If you are offered employment, the offer may be made subject to your obtaining a full medical clearance (by completion of medical examination) to assess your fitness for the job for which you are applying.	Yes/No
Do you consent to undergo a medical examination if you are offered employment?	Yes/No
Certain work must only be done by COVID vaccinated workers and as per the COVID 19 Vaccination Order. Have you been vaccinated? (Copy of Vaccination Certificate)	Yes/No

PRIVACY ACT CONSENT

Do you consent to the company retaining the information contained in this application form for the purpose of considering your suitability for any other position that may arise with this company in the future?	Yes/No
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DECLARATION

I(full name) declare that to the best of my knowledge the information provided in this application and in any resume enclosed is accurate and I understand that if any false or misleading information is given, or any material fact suppressed, I will not be employed, or if I am employed, my employment may be terminated. [I further understand that any offer of employment if made is conditional on my obtaining a full medical clearance]

Signature: Date:

PLEASE ATTACH ANY SUPPORTING DOCUMENTS TO THIS APPLICATION (e.g. qualification certificates, letters of reference, CV and cover letter)

Section 1: Agency to complete

For more information please see the [Guide to PVS Request & Consent Form](https://www.police.govt.nz/advice-services/businesses-and-organisations/nz-police-vetting-service/forms-and-guides)
(<https://www.police.govt.nz/advice-services/businesses-and-organisations/nz-police-vetting-service/forms-and-guides>)

1.1 Name of agency submitting vetting request

1.2 Name of the person being vetted

1.3 Description of the role of the person being vetted

This is a brief description of the role (not the job title). This is used by Police to help decide what type of vet is conducted if it is unclear from the following questions.

1.4 Which groups will the person being vetted be working with (select all that apply):

Children/ Young People

Vulnerable Adults

1.5 Does the role involve caring for people in the home of the person being vetted?

This is about whether the person being vetted is providing services out of their own home (that is, are vulnerable children or adults visiting the home of the person being vetted for support).

Yes

No

1.6 Is the person being vetted:

A paid worker

A volunteer

Undertaking vocational or educational training

1.7 Is the person being vetted a Children's Worker according to the Children's Act 2014, section 23(1)?

*If the person being vetted is not working with children/young people (Q 1.4), tick 'No' then skip to question 1.11.
If the person being vetted IS working with children (Q 1.4) AND is a volunteer (Q 1.6), tick 'No' then skip to question 1.9.*

Yes

No (skip to question 1.9)

1.8 Is the role of the person being vetted a core or non-core worker role according to the Children's Act 2014, section 23(1)?

Core worker

Non-core worker

1.9 Has the person being vetted previously been Police vetted by your agency?

Yes

No (skip to question 1.11)

1.10 Is the person being vetted still working in the role for which your agency last obtained a Police vet?

If this request is a renewal of the person's previous vet for this role, please select Yes. Otherwise, answer no.

Yes

No – the person being vetted is applying for a new role or position

1.11 What is the job title of the person being vetted?

1.12 Evidence of identity (to be completed by agency representative or identity referee)

[See consent form guide for details on how to complete this section](#)

A primary ID has been sighted (mandatory)

A secondary ID has been sighted (mandatory)

One form of ID is photographic (mandatory)

Evidence of name change has been sighted (if applicable)

OR: *If your agency is able to accept a verified RealMe identity then:*

An assertion of a RealMe identity has been received (see [consent form guide](#) for further information)

In making this request, I confirm that:

- ✓ I have complied and will comply with the [Approved Agency Agreement](#).
- ✓ I am satisfied as to the identity of the person being vetted.
- ✓ I have obtained the authorisation of the person being vetted to submit this vetting request as set out in section 3 of this form.

Agency Representative:

Name:

Date:

Signature:

Electronic signature

Section 2: Person being vetted to complete and return to agency

** Denotes a mandatory field*

2.1 Personal Information

Note the name you are most commonly known by is your primary name

* Family name (Primary)	
* First/Middle name(s)	
* Gender	
* Date of birth	
Place of birth (Town/ City/ State)	
* Country of birth	
NZ Driver Licence number	

2.2 Previous names if applicable

Please include other alias or alternate names; married name if not your primary name; previous/ maiden/ name changed by deed poll or statutory declaration. Please include ALL names (first, middle and last) for each alias/previous name.

Family name	First name	Middle names

2.3 Permanent residential address

* Flat/ Number/ Street			
* Suburb		Post Code	
* Town/ City			

Section 3: Person being vetted to complete and return to agency

3.1 Consent to release information

1. The New Zealand Police may release **any** information they hold if relevant to the purpose of this vetting request. This includes:
 - a. Conviction histories and infringement/demerit reports.
 - b. Active investigations, charges and warrants to arrest.
 - c. Charges that did not result in a conviction including those that were acquitted (not guilty), discharged without conviction or withdrawn.
 - d. **Any** interaction I have had with New Zealand Police relevant to the role being vetted, including investigations that did not result in prosecution or were resolved by an alternative resolution programme.
 - e. Information regarding family violence where I was the victim, offender or witness to an incident or offence. This is particularly relevant where the role being vetted for takes place in a home environment where exposure to physical or verbal violence could place vulnerable persons at emotional or physical risk.
 - f. Information subject to name suppression where that information is necessary for the purpose of the vet.
2. If I am eligible under the Criminal Records (Clean Slate) Act 2004, my conviction history will not be released **unless**:
 - a. Section 19(3) of the Clean Slate Act applies to this request (exceptions to the clean slate regime).
 - b. Section 31(3) of the Children’s Act 2014 applies to this request (safety checks of core children’s workers).
 - c. The vetting request is made for the purpose of an overseas visa/work permit and authorises the vetting report to be provided directly to the relevant embassy, high commission, or consulate.

Please see the [vetting website](#) for more information regarding the Clean Slate legislation and what may be released.

3. The Police Vetting Service may disclose newly obtained relevant information to the requesting agency after the completion of the Police vet in the following circumstances:
 - a. The disclosure of the newly obtained information is justified under the Privacy Act 2020 (if it had existed or been available at the time of the Police vet, it would have been disclosed); and
 - b. The Police Vetting Service has taken steps to confirm that the purpose for the Police vet still exists – e.g., that I am employed or engaged in a role that required a Police vet.

The Police Vetting Service will take reasonable steps to notify you prior to the disclosure.

4. Information provided in this consent form may be used to update New Zealand Police records.
5. I am entitled to a copy of the vetting report released to the agency (to be provided by the agency) and can request a correction of any personal information by contacting the Police Vetting Service.
6. Please notify the agency or the Police Vetting Service if you wish to withdraw your consent.

For further information about the vetting process, please see the [vetting website](#).

Authorisation of person being vetted:

- ✓ I confirm that the information I have provided in this form relates to me and is correct.
- ✓ I have read and understood the information above.
- ✓ I authorise New Zealand Police to disclose any personal information relevant to my application (as described above) to the agency making this request for the purpose of assessing my suitability.

Name:		Date:	
Signature:		Electronic signature	<input type="checkbox"/>