Please read this information carefully before filling out this form.

Please fully complete the following questions, sign the form and attach your CV and cover letter detailing you are fit for the position.

This information will be used by Wellington Free Ambulance (WFA) to assist in assessing your suitability for employment with the Company and may be reviewed with regard to subsequent changes in your employment with us. We are relying on the information provided in this Application form for our hiring decision and therefore, if found to be untrue, would be grounds for dismissal.

In accordance with the Privacy Act 1993, should you be successful in your application for employment, this application will form part of your Personnel records and will be retained by WFA Human Resources Team. If your application is unsuccessful we may also retain this information for up to twelve months.

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| **Position applying for:** |  | **Vacancy Number:** |  |

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| **PERSONAL INFORMATION** | | | |
| Title: | Mr / Mrs / Ms /Other: | Surname: |  |
| First Name (s): |  | | |
| Phone: (Day): |  | Evening: |  |
| Mobile Phone: |  | | |
| E-mail Address: |  | | |
| Home Address: |  | | |
| Postal Address:  (If different from above) |  | | |

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| **RIGHT TO WORK IN NEW ZEALAND** | | | | |
| Nationality: |  | | | |
| Are you a New Zealand Citizen? | Yes / No | | If you are not a citizen of New Zealand, please provide details of your current legal right to work in New Zealand below: | |
| Visa Status: |  | Valid Work Permit: Expiry Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | No current visa/permit Other (Please state): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  | |  |
| **GENERAL APPLICATION INFORMATION** | | | | |
| Please briefly tell us why you are applying for this position |  | | | |
| Do you have any other information you feel may be relevant to this application? |  | | | |

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| **EDUCATION AND TRAINING** | | | |
| Institution Name: |  | | |
| Date From: |  | Date To / Current status: |  |
| Qualification(s) gained: |  | | |
|  | | | |
| Institution Name: |  | | |
| Date From: |  | Date To / Current status: |  |
| Qualification(s) gained: |  | | |

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| **OTHER RELEVANT QUALIFICATIONS**  **(E.g. Current First Aid Certificate, Defensive Driving Course etc.)** |
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| **CONVICTIONS** | | | |
| Have you ever been charged with an offence and appeared in court? | | **YES** | **NO** |
| ***If yes, please provide details:*** |  | | |

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| **DRIVERS LICENCE** | | | |
| Do you have a current full car licence (Class 1)? | | **YES** | **NO** |
| ***If yes, please provide details:*** | **Licence no:** | **Expiry Date:** | |
| Have you held your license for 3 years or more? | | **YES** | **NO** |
| Please detail all classes and / or endorsements on your licence: | |  | |
| Can you drive both a manual and automatic? | | **YES** | **NO** |
| Do you have any demerit points? | | **YES** | **NO** |
| ***If yes, please provide details:*** |  | | |
| Have you ever been fined for any driving offence? | | **YES** | **NO** |
| ***If yes, please provide details:*** |  | | |
| Do you have any charges or proceedings for driving offences pending? | | **YES** | **NO** |
| ***If yes, please provide details:*** |  | | |
| Have you completed a Defensive Driving Course within the last 3 years? | | **YES** | **NO** |
| ***If yes, please provide details:*** |  | | |

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| **MEDICAL** | | | |
| Have you suffered from any injury or condition caused by gradual process, disease or infection (e.g. hearing loss, sensitivity to chemicals, repetitive strain or back injury)? | | **YES** | **NO** |
| ***If yes, please provide details:*** |  | | |
| If yes, does this injury/condition limit your ability to perform any jobs/tasks? | | **YES** | **NO** |
| ***If yes, please provide details:*** |  | | |
| Have you sought any treatment for any back/neck/shoulder/wrist or OOS/RSI injury? | | **YES** | **NO** |
| ***If yes, please provide details:*** |  | | |
| Have you suffered any injury that prevents you from lifting and carrying? | | **YES** | **NO** |
| ***If yes, please provide details:*** |  | | |
| Do you have any other medical condition and/or on any prescribed medication or managed regime that we would need to know about? (E.g. Diabetes, Asthma). | | **YES** | **NO** |
| ***If yes, please provide details:*** |  | | |
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| **GENERAL INFORMATION** | | | |
| How did you hear about this vacancy? | |  | |
| If your application is successful, when would you be able to commence employment? | |  | |
| If your application is successful, do you have any other paid employment that will continue? | | **YES** | **NO** |
| ***If yes, please provide details:*** |  | | |
| Have you ever been employed by Wellington Free Ambulance in the past? | | **YES** | **NO** |
| ***If yes, please provide details:*** |  | | |
| Have you ever applied for any other position(s) with Wellington Free Ambulance? | | **YES** | **NO** |
| ***If yes, please provide details:*** |  | | |
| Have you ever been the subject of discipline, (such as a warning) or dismissed from any previous employment? | | **YES** | **NO** |
| ***If yes, please provide details:*** |  | | |

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| **APPLICATION DECLARATION** | |
| I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ***(full name)*** declare that to the best of my knowledge the information provided in this application and supporting documents are true and accurate.  I understand that if any false or misleading information is given, or any material suppressed, I will not be employed or, if I am employed my employment may be terminated without notice.  I further understand that any offer of employment, if made, is conditional on my obtaining a series of employment checks, including: NZ Police criminal convictions, NZ Transport Agency, ACC Claims History and full medical clearance through WFA’s pre-employment medical examination, including drug testing. | |
| **Signature:** | **Date:** |
| Please sign above and attach:   * **Your cover letter and CV** * **A copy of your residency/work permit *(if applicable)*** * **Copy of relevant qualifications/certificates** | Send your completed application:  **Via email to:** [**work@wfa.org.nz**](mailto:work@wfa.org.nz)  **Or via post to:**  Wellington Free Ambulance  PO BOX 601, WELLINGTON |