



TE HUNGA HAUĀ MAURI MŌ NGĀ TĀNGATA KATOĀ

CCS Disability Action Application Form

Confidential, and to be completed personally by job applicant

Date of Application: _____

Please fill in this form and forward it together with a short CV and any other material you consider relevant, via email, to the address below.

NAME – Support Worker
email.Midland.recruitment@ccsDisabilityAction.org.nz

This form and any other material you provide with it, is a source of information which will be used in considering your suitability for the position for which you are applying. Failure to supply the information requested may prejudice our ability to assess your suitability. If you are successful this information will form part of CCS Disability Actions personnel record.

Please note: completion of this form does not indicate there is any obligation from CCS Disability Action to employ you.

Position applied for: _____

Your Name:
Preferred Name: _____
Family Name: _____
Given names: _____
Other name(s) you are known by: _____

Contact address:

Contact phone numbers: Home: _____ Work: _____
(Please underline preferred contact number) Mobile: _____

Contact email: Email address: _____

How did you hear about this vacancy? _____

DEMOGRAPHICS (OPTIONAL)

This section is optional and will not be used to determine suitability for a position.

Date of Birth: _____

Please select those with which you identify:

Gender: Male Female Other: _____

Ethnicity: NZ European Maori Samoan Cook Island Maori
Tongan Niuean Chinese Indian
Other (please specify) _____

Do you have lived experience of a disability? _____

Legal work status: Are you legally entitled to work in New Zealand? Yes / No
As: A New Zealand citizen Yes / No
A permanent resident Yes / No
A holder of a current work permit Yes / No
Expiry date: _____

We would appreciate it if your Curriculum Vitae clearly identifies the following information:

Education history, Qualifications and Employment History - including by position the organisation name, position held, main duties, start and end date, reason for leaving

Have you even been employed by CCS Disability Action? Yes / No
If yes, in what capacity, and when?

Is there any other aspect of your employment experience that you think is particularly relevant to this position?

If offered this position will you maintain any other employment or be voluntarily engaged in any position that may cause you to have a conflict of interest with CCS Disability Action? Yes / No

If yes, please provide details: _____

Referees:

Please provide contact details for at least two referees, where possible at least one of these referees should be able to provide work related information and have been your supervisor or senior to you in your current or most recent position.

Referees will not be normally be contacted prior to an interview taking place. We will check with you before contacting any referees.

Referee 1

Name: _____
Position: _____
Email: _____
Phone: _____
Relationship to you: _____

Referee 2

Name: _____
Position: _____
Email: _____
Phone: _____
Relationship to you: _____

Referee 3

Name: _____
Position: _____
Email: _____
Phone: _____
Relationship to you: _____

Do you have a current NZ Drivers License? Yes / No

Do you have a current NZ First Aid Certificate? Yes / No

If yes, what is the expiry date? _____

Do you have your own transport? Yes / No

Do you have any demerit points or endorsements? Yes / No

If yes, please provide details: _____

As part of our employment process, all candidates for employment with CCS Disability Action will undertake a full Police Check, and appointment is subject to a satisfactory outcome.

Do you give your consent to the Police Check? Yes / No

Please note: for roles which involve working with children or vulnerable adults the provisions of the Criminal Records (Clean Slate) Act 2004 do not apply, as such if you are applying for such a role you are required to divulge all convictions

Do you have any criminal convictions not including any concealed under the Criminal Records (Clean Slate) Act? Yes / No

If yes, please provide details:

Have you been the subject of a Diversion ordered by the courts? Yes / No

If yes, please provide details:

Are you awaiting the hearing of any criminal charges? Yes / No

If yes, please provide details:

Do you have any civil legal action against you pending? Yes / No

If yes, please provide details:

Is there any other information that is relevant to disclose? Yes / No

If yes, please provide details:

From time to time, we may require team members to undergo drug testing. Do you give consent for us to do these tests? Yes / No

This role may involve supporting disabled people and may require you to transfer or assist others. Do you have any back problems or other health issues that would prevent you transferring or assisting others? Yes / No

If yes, please provide details:

The following information is required to assist CCS Disability Action to meet its obligations under the Health and Safety at Work Act and the Accident Rehabilitation and Compensation Insurance Act 1992.

Do you suffer from or have you suffered any injury or medical condition caused by gradual process, disease or infection (e.g. repetitive strain injury, occupational overuse syndrome, back injury or strain, hearing loss, sensitivity to chemicals) which the tasks of this job may aggravate or contribute to? Yes / No

If yes, please provide details:

If you answered yes to the above, could your condition affect your ability to do this job? Yes / No

If yes, please provide details:

Are there specific supports, equipment or assistance that CCS Disability Action can provide that would enable you to perform this job? Yes / No

If yes, please provide details:

Do you have any other health issues which could affect your ability to perform this job? Yes / No

If yes, please give details:

If your application is successful, when could you commence employment?

Do you consent to CCS Disability Action retaining the information obtained in relation to this application for the purpose of assessing your suitability for other positions for which you may be considered within the next six months:

Yes / No

Declaration

I consent to CCS Disability Action seeking verbal or written information about me on a confidential basis from the referees I have nominated and authorise the information requested to be released. I understand that the information will be supplied in confidence as evaluative material and will not be disclosed to me.

I hereby certify that all the information given orally and in writing by me for my application is to the best of my knowledge true, complete and correct.

I understand that if I have provided false, incomplete or misleading information, or if I have omitted any important information, I may be disqualified from appointment, or if appointed, it may be grounds for my employment to be terminated.

Signature: _____ Date: _____



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CCS Disability Action Application Form – Additional Information required for Community Support Worker Application

Employment History:

Do you have any other paid employment (that you will continue with if you are successful in this application?) Yes / No

If so, please complete below:

Name of Agency	Name of Employer	Hours of work per week

Are you an approved carer for any other agency?

Yes / No

If yes, please provide the name of the agency:

Personal Interests

Please can you tell us a bit about your outside interests and hobbies. (This is useful for us when matching employees to clients)

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Do you have your own reliable transport, with current WOF and Registration?

Yes / No

Availability:

Please indicate the days and times you would be available.

Time / Day	Mon	Tues	Weds	Thurs	Fri	Sat	Sun
7am – 11am							
11am – 3pm							
3pm – 7pm							
7pm – 10pm							
10pm – 7am							

At times you would be required to undertake training. Would you be available to do this?

Yes / No

Is there anything else you would like to tell us about your availability?

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