

**Dear Applicant**

Thank you for your enquiry for the position of **Methodist Public Questions Network Coordinator / Researcher**

To assist you with your decision, enclosed is a job description and application form.

Please note it is in your best interest to complete the application form fully as this assists us in the selection process.

Please return the completed application form, together with any supporting documentation to The General Secretary, Methodist Church of New Zealand, P O Box 931 Christchurch 8140 by the 18<sup>th</sup> January 2010. [Note this is one week later than originally advertised]

Thank you for your interest in working with us.

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**Acknowledgement of Application for Employment**

If you wish receipt of your application to be acknowledged, please complete where marked with \* and this section will be returned to you.

I hereby acknowledge receipt of your application form for the position of **Methodist Public Questions Network Coordinator / Researcher**

\_\_\_\_\_  
For Methodist Church of New Zealand

\_\_\_\_\_  
Date

\* Name \_\_\_\_\_

\* Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# Application for Employment (Confidential)

POSITION APPLIED FOR: **Methodist Public Questions Network Coordinator / Researcher**

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

First Name(s): \_\_\_\_\_

Preferred Name(s);  
*If different from first name* \_\_\_\_\_

Maiden or other Name(s):  
Previously known by \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PHONE: (*Home*) \_\_\_\_\_ FACSIMILE: (*Home*) \_\_\_\_\_  
(*Business*) \_\_\_\_\_ (*Business*) \_\_\_\_\_

MOBILE PHONE: \_\_\_\_\_ E-MAIL ADDRESS: \_\_\_\_\_

BIRTH DATE (*Optional*): \_\_\_\_\_

## PRESENT OR LATEST EMPLOYMENT

Position: \_\_\_\_\_ Date started: \_\_\_\_\_

Employer: \_\_\_\_\_

Reason for leaving, or wanting to leave: \_\_\_\_\_

## PREVIOUS EMPLOYMENT

Your full employment record is required. (Show present position first – it is essential dates are accurate. Where possible show day and month as well as year. Additional information or curriculum vitae may be attached to this form.)

Start Date	Finish Date	Employer's Name & Address	Position Held*

\* Under 'Position Held', please state the formal title you held with the organisation.

Have you ever worked for The Methodist Church of New Zealand previously?  Yes  No

If yes, dates worked \_\_\_\_\_ Position Held \_\_\_\_\_

## IMMIGRATION STATUS (if applicable)

Are you legally entitled to work in New Zealand?  Yes  No

Which of the following do you have:

- New Zealand residency?  Yes  No
- Work Visa/permit?  Yes  No
- Visitors Visa?  Yes  No

If you have a Work Visa/permit, when will it expire? \_\_\_\_\_

What is your country of origin? \_\_\_\_\_

What is your current citizenship? \_\_\_\_\_

If appointed you may be asked to produce originals of documentation for sighting.

## PROFESSIONAL DISCIPLINE

Have you been subject to a professional disciplinary inquiry or have knowledge of an event that might give rise to a disciplinary inquiry?  Yes  No

If yes, please give details \_\_\_\_\_

## HEALTH

Do you have any health conditions, which could affect your ability to perform this job?  Yes  No

Please give details \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## QUALIFICATIONS

Further education relevant to your application (includes Academic, Professional or Trade Training). Indicate University, Technical College, Evening Classes, etc.

	Years Attended		Degrees, Diplomas, Certificates	Year
	From	To		

## REFEREES

List the names and postal addresses of three people you authorise us to contact to obtain referee reports. At least one should be from your most recent employer. Others may include community leaders or kaumatua. If you are a school leaver, you should include a testimonial from your school. If you are also submitting testimonials, **photocopies only** should be provided and you may be requested to produce the originals at the interview.

(1) Name and Job Title: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Contact Phone Number: \_\_\_\_\_  
 Fax Number (if available): \_\_\_\_\_  
 E-mail Address (if available): \_\_\_\_\_  
 Position of referee in relation to you (e.g. employer, community leader etc): \_\_\_\_\_

(2) Name and Job Title: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Contact Phone Number: \_\_\_\_\_  
 Fax Number (if available): \_\_\_\_\_  
 E-mail Address (if available): \_\_\_\_\_  
 Position of referee in relation to you (e.g. employer, community leader etc): \_\_\_\_\_

(3) Name and Job Title: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 \_\_\_\_\_  
 Contact Phone Number: \_\_\_\_\_  
 Fax Number (if available): \_\_\_\_\_  
 E-mail Address (if available): \_\_\_\_\_  
 Position of referee in relation to you (e.g. employer, community leader etc): \_\_\_\_\_

Earliest date able to commence if requested:

**OTHER INFORMATION**

Are you currently studying or planning to study for any qualifications? Yes  No

If yes, give details: \_\_\_\_\_  
 \_\_\_\_\_

As part of on-going staff development would you be prepared to undertake training as directed by the company?

During hours of work: Yes  No

Outside hours of work: Yes  No

**DECLARATION**

Applicants must complete this form personally and answer all questions. If incorrect or misleading information is given, applicants may be disqualified from appointment, or if appointed, liable for dismissal. Applicants may supplement this form of application with a statement giving further particular of qualifications and/or experience in support of their application.

**I CERTIFY THAT THE STATEMENTS MADE IN THIS APPLICATION ARE TRUE TO THE BEST OF MY KNOWLEDGE.**

I authorise The Methodist Church of New Zealand or its authorised agents to contact the referees nominated above and authorise the referees to release the requested information to The Methodist Church of New Zealand and/or its authorised agents. I agree and accept that all referees reports obtained for the purpose of this application will be confidential to The Methodist Church of New Zealand and will not be made available to me.

How did you find out about this job (specify publication if applicable)? \_\_\_\_\_

APPLICANTS SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**DECLARATION OF CRIMINAL  
CONVICTIONS AND CHARGES PENDING  
(Confidential)**

DECLARATION FOR THE POSITION OF \_\_\_\_\_  
(To be completed by shortlisted applicants)

It is important for The Methodist Church of New Zealand to identify whether potential employees have criminal convictions or charges pending that may affect their employment. We understand and respect an applicant's right to privacy and the information on this declaration will only be used for the purpose of determining whether an applicant is suitable for employment.

If you do have criminal convictions or charges pending, complete Section B of the declaration and place it in the envelope provided. This information will be viewed by senior management of The Methodist Church of New Zealand an/or their agents only. These staff will determine your suitability for employment. Your information will remain confidential to these staff.

**SECTION A**

*To be completed by applicants who do not have any criminal convictions or charges pending.*

I, (Full Name) \_\_\_\_\_

declare that I do not have any criminal convictions or charge pending.

\_\_\_\_\_ Signature \_\_\_\_\_ Date

If misleading or incorrect information is given on this declaration and you are appointed to a position, you may be dismissed from employment for provision of incorrect information.

**SECTION B**

*To be completed by applicants who have criminal convictions.*

I, (Full Name) \_\_\_\_\_

declare that I have the following criminal convictions or charges pending.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(If you wish you could add any comments relating to the above charges and your suitability for employment in the position you have applied for within the Methodist Church on a separate sheet of paper.)

\_\_\_\_\_ Signature \_\_\_\_\_ Date

# HEALTH DECLARATION (Confidential)

HEALTH DECLARATION FOR THE POSITION OF \_\_\_\_\_  
(To be completed by shortlisted applicants)

I, (Full Name) \_\_\_\_\_

have read the job description, application form and had explained to me the requirements of the position on offer.

I declare that either (tick one box):

I have no health condition or disability, which would prevent me from undertaking the requirements of this position in a manner which, is safe for me and others.

**OR:**

I have the following health condition or disability which will either **limit my ability to undertake the requirements of this position, or which will require adaptations to the workplace or work procedures** to enable me to undertake the requirements of this position in a manner which is safe for me and others:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I **have / have not** (delete one) had any health problems, including one which results from any accidental injury or medical condition caused by gradual process, disease or infection, occupational stress, fatigue which may be aggravated by my working at the job for which I am applying, or which may reduce my ability to carry out efficiently all the duties required of me. For example, noise induced hearing loss, OOS (Occupational Overuse Syndrome), chemical sensitivity in the form of dermatitis, allergies, back problems or respiratory problems.

The injury or condition and the accommodations that would be required to enable me to perform this position are listed below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I give my consent for The Methodist Church of New Zealand and/or its agents to co-ordinate the assessment of any health condition or disability which I have declared, and I understand that this may involve me being requested to undergo a medical examination.

I understand that this information is confidential to The Methodist Church of New Zealand and will be subject to the provisions of the Privacy Act 1993 and the Health Information Privacy Code 1994.

I understand that withholding of information or providing incorrect information in this questionnaire could disqualify me as an applicant, or, if appointed, render me liable to dismissal.

I declare to the best of my knowledge and belief the information I have given above is correct.

\_\_\_\_\_ *Signature* \_\_\_\_\_ *Date*