



APPLICATION FOR EMPLOYMENT

CONFIDENTIAL

APPLICATION FOR EMPLOYMENT FOR THE POSITION OF:

POOL LIFEGUARD

You should provide ALL relevant information for each question, unless otherwise advised. Failure to complete this form in the manner required may result in your application being declined.

Collecting and holding personal information

The information that you provide on this application form will be collected and held by the Splash Centre.

Purpose

This information is collected for the purpose of assessing your suitability for employment with the Splash Centre. This may include subsequent changes in employment within the organisation.

If your application is successful, this form will be retained on your personal file. If unsuccessful, it will be destroyed after one month.

Your access to this information

You have a right of access to your personal information and to seek any correction that you think is necessary to ensure accuracy. You are however advised that any request for evaluative/opinion based material held on you will be declined.

Position

Initially in the position of Pool Lifeguard.

PERSONAL INFORMATION (Please print)

First name(s):

Family name:

If you are known by any other name/s, please record here:

.....

Date of birth:

Residential address:

.....

Contact telephone number:

Email:

GENERAL

Are you a competent swimmer? (Able to swim non-stop) YES / NO

Do you have any swimming and/or lifesaving qualification/s and/or experience? (Although not necessary as you are required to attend compulsory staff training sessions)

.....
.....

Please note: There is a required pre-requisite swim test that needs to be completed before you can be employed as a Pool Lifeguard. You must also pass a Ministry of Justice/New Zealand Police background check as your position means you will be associating with children.

Do you have a current Comprehensive First Aid certificate or current equivalent skills and knowledge (such as PHEC, nursing certificate etc.) – *Minimum of: Unit standards 6402, 6401, 6400 OR 26551, 26552, 6400.*

YES / NO

Name of provider: e.g. NZ Red Cross etc.

Date of issue:

Do you have or are you aware of any likely commitments which may prevent you from attending your place of employment during normal work hours or affect your availability for overtime or work-related travel (e.g. sports, hobbies, special interests, education, training)?

If yes, please give brief details:

Do you intend to engage in other paid or voluntary work whilst employed in this position? YES / NO

Are you member of a territorial force unit or volunteer fire brigade? YES / NO

Have you at any time taken action against a current or former employer in order to resolve an employment dispute, including personal grievance action or other employment relationship problem?

YES / NO

Do you have a current drivers licence? YES / NO

If yes, what class?

Licence No:

Are you awaiting a hearing of any charges for driving offences? YES / NO

Have you ever been charged with or convicted of a criminal offence? YES / NO

Note: you are not required to disclose any charges or convictions that are eligible to be suppressed under the Criminal Records (Clean Slate) Act 2004

If yes, further information relevant to potential employment may be sought at any subsequent interview.

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

Do you have the legal right to work in New Zealand, either entitlement to permanent residence or a valid work permit? (Evidence will be required if you are interviewed for the position). YES / NO

Do you have a spouse, partner, relative or household member working in this company or elsewhere in the industry? YES / NO

If yes, please give brief details:

EMPLOYMENT HISTORY

Please provide details of all previous employment and/or

Have you previously been employed by this company or in this industry? YES / NO

If yes, ensure details are recorded below. (Start with the most recent position)

Name of Employer:

Address:

Length of Service: From: To:

Position held: Nature of work:

Reason for leaving:

Name of Employer:

Address:

Length of Service: From: To:

Position held: Nature of work:

Reason for leaving:

REFEREES

Please state the details of referees you authorise us to contact to discuss your suitability for employment. (Preferably two work related referees and one personal referee).

Name:

Contact details: Phone: Email:

Occupation/Position held:

Name:

Contact details: Phone: Email:

Occupation/Position held:

Name:

Contact details: Phone: Email:

Occupation/Position held:

EDUCATION AND QUALIFICATIONS (Including University, Further Education etc).

Name of Education organisation (e.g. School/College / Training establishment) of highest qualification achieved:

Number of years attended:

Qualifications / Standard of Achievement:

List other qualifications or formal attainments you consider relevant including the issuing authority eg. Polytechnic, University or Private Training Establishment with the qualifications/standards of achievement and years of attendance:

- 1.
.....
- 2.
.....

HEALTH (Complete all questions)

Have you ever had an injury or medical condition or gradual process injury, disease or infection that may be caused by, aggravated or further contributed to by the tasks of the job which are listed below?
YES / NO

Do you have any condition which may affect your ability to effectively carry out the functions and responsibilities of the position applied for? If yes, please specify:

Tasks/responsibilities of position:

Are you allergic to, or have sensitivity to, any substances or chemicals? YES / NO

Have you ever suffered any back injury or back strain? YES / NO

Are you taking any drugs or medicine? YES / NO

If yes, please specify:

If your application is successful, do you agree to undergo blood and/or urine testing?
YES / NO

Note: The test results must meet the company's requirements (separate information sheet available) that you are not likely to be influenced by drugs or alcohol while at work and do not suffer any medical conditions which would be adversely affected by the work or workplace, before any offer of employment is confirmed.

The position applied for requires that personal protection equipment (PPE) be used/worn while carrying out tasks associated with this position.

Are you aware of any reason why you may not be able to use/wear the equipment? YES / NO

(List equipment):

In accordance with company policy and/or at the direction of the company or authorised person do you agree to use/wear protective equipment? YES / NO

If you are offered this position, you may be requested to undertake a base-line medical examination to assess your health in relation to the tasks you may be undertaking during the course of your employment.

Do you agree to the medical examination and the company holding this information? YES / NO

If you have answered yes to any of the questions in this section, please give details of how your ability to undertake the work will be or could be affected:

How many days absence in your last 12 months of employment were stated by you or a medical practitioner to be due to illness, injury and/or accident?

0-2 3-5 6-10 11-15 16-20 Over 20 days

ADDITIONAL INFORMATION

Do you have any additional information you consider relevant to the organisation’s decision-making concerning hiring you for this position. For example, achievements, interests, aspirations, one-off commitments (e.g. for which you will require leave) or other background information pertinent to this position etc. If so, please list below or attach such information to this application form.

.....
.....
.....
.....
.....
.....
.....
.....
.....
.....

SECTION 7 – DECLARATION

I (Full name), declare that to the best of my knowledge, the answers to the questions in this application are correct. I understand that if any false information is given, or any material fact suppressed, I may not be accepted for employment, or if I am employed, I may be dismissed.

SECTION 8 – CONSENT TO ACCESS INFORMATION

The applicant consents to the Splash Centre seeking verbal or written information on a confidential basis on criminal matters.

Signature:

Date: