

## **APPLICATION FOR EMPLOYMENT**

This is an application for employment with Mangapapa Church (Union Parish). The application form is a source of information, which will assist Mangapapa Church in considering your suitability for the position for which you are applying. If successful in obtaining employment, such information requested will form part of your Employment Agreement with Mangapapa Church (Union Parish).

Please send the completed Application for Employment, CV, covering letter and any other relevant information to:

Ministry Settlement Board, MUP Office, PO Box 314, Gisborne 4010 or email: office@mup.org.nz

<u>i</u>											
What position are you applying for?											
Where did you see the position first advertised? Or who referred you?											
auvertiseu: Or who referreu you:											
Personal Information											
First Names					Surname						
Address:											
Phone:	Home:			Work:			Mobile	::			
Emergency Contact:	Name:			Phone:			Mobile	:			
Marital Status:											
Date of Birth:											
Email:											
Work Status											
Are you legally entitled	to work in	New Zealand	1?					Yes		No	
You will be required to	provide ev	vidence of yo	our entitleme	nt to worl	k in NZ (i.e. birt	h certificate, p	assport	or wo	rk permit)	)	
Personal History											
Past and Present Emplo	yment and	l Volunteer e	xperience, de	tails may	be shown on ar	n attached CV.					
Certifications & Qualifications. List any gifts, training, education or other qualifications that have prepared you for ministry. ( <i>Please continue on additional page if required</i> )											
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Hobbies, Interests & Skills					
Ministry Information & Experience					
Churches attended in the last 5 years including contact info and clearly outline your current church.	ormation, dates atte	ended and m	inistry/voluntary	contributions. Please include	
In a brief paragraph, please outline your spiritual journey in	ncluding how you be	ecame a Chri	stian. (C <i>ontinue d</i>	on additional page if required)	
Work Related Referees					
Please provide the names of at least two referees, excludin				J.	
Name of Person to Contact	(Minister/Empl	tionship to y oyer/Neighb		Phone Number	
	•				
I consent to Mangapapa Church seeking verbal or written information about me from representatives of my previous employers and/or referees and authorise the information sought to be released for the purposes of ascertaining my suitability for the position I am applying for. I understand that the information received by Mangapapa Church is supplied in confidence as evaluative information, and as such will not be disclosed to me.					
Signature		Date:			



Driving Licences							
General					No		
If Yes, Number: Class & License Version #							
Has your Driver Licence been cancelled within the last five years?					No		
Is there any matter pending which could affect the status of your Driver Licence?					No		
If Yes, give details							

Medical Questionnaire		
Do you require corrective lenses or contact lenses?	Yes	No
Do you have any hearing disability?	Yes	No
Are you allergic to bee stings, aspirin or any other medication? Please circle	Yes	No
Do you suffer from asthma, epilepsy, black outs, or seizures? Please circle	Yes	No
Do you suffer from diabetes, heart problems, blood pressure, heart disease/ condition? Please circle	Yes	No
Do you require or carry prescription medication?	Yes	No
If Yes, give details	***************************************	
Have you claimed Accident Compensation in the last 12 months?	Yes	No
If Yes, give details	<u>.</u>	
Do you have any injuries, illness or any known conditions which may affect your ability to effectively carry out the functions and responsibilities of the position applied for?	Yes	No
Details if applicable		
Do you agree to undergo a pre-employment medical and drugs test?	Yes	No
Do you agree to undergo an ACC pre-employment check	Yes	No

Additional Information				
Do you agree to undergo a Police Check?	Yes		No	
Are you currently involved in any legal actions before the courts, or have any legal actions pending against you?	Yes		No	
If Yes, give details				
If your application is successful, when could you start work?				
Is there anything else we should know?	Yes		No	
If Yes, give details		.i		



Declaration							
I,				(full name)			
1.	requested witl	he answers to the questions in the application are tru hin this application form is sought to establish my sui de such information then this application for employr	itability for the position that I a				
2.	Authorise any screening processes Mangapapa Union Parish sees fit to exercise in considering this application. I understand this process may include employer references and checking of criminal and medical records, as well as any social media platforms/sites I engage with.						
3.	Note that any offer of employment does not constitute an employment agreement until a separate agreement has been evidenced in writing and signed by Mangapapa Union Parish and myself.						
4.	. Am not aware of any personal circumstance, medical condition or disability that would limit my ability to adequately perform the role for which I seek appointment.						
5.	<ol> <li>Accept that, should my application be successful, the foregoing information will form part of my contract of employment and falsification of any information is grounds for dismissal.</li> </ol>						
6.	5. By returning this application electronically it is acknowledged that I fully agree with the above declaration.  Applicants invited to an interview will be required to sign this declaration						
Sig	nature		Date:				