

## **APPLICATION FOR EMPLOYMENT**

This is an application for employment with Mangapapa Union Parish. The application form is a source of information, which will assist Mangapapa Union Parish 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 Union Parish.

Please send the completed Application for Employment, CV, covering letter and any other relevant information to: The Church Leader, Mangapapa Union Parish, P.O. Box 2146, Gisborne, 4010,N.Z. or e-mail <u>office@mup.org.nz</u> For any extra information please ring Stewart - MOB 021 047 0795

What position are you applying for?	
Where did you see the position first	
advertised? Or who referred 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?	Yes	No			
You will be required to provide evidence of your entitlement to work in NZ (i.e. birth certificate, passport or work permit)					
Personal History					
Past and Present Employment and Volunteer experience, details may be shown on an attached CV.					
Certifications & Qualifications. List any gifts, training, education or other qualifications that have prepared you for ministry. ( <i>Please continue</i> on additional page if required)					



Hobbies, Interests & Skills

## **Ministry Information & Experience**

Churches attended in the last 5 years including contact information, dates attended and ministry/voluntary contributions. Please include and clearly outline your current church

In a brief paragraph, please outline your spiritual journey (*Please continue on additional page if required*)

## **Work Related Referees**

Please provide the names of at least two referees, excluding relatives, who could provide a reference for you.

Name o	f Person to Contact	Relationshi (Minister/Employer/N		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?			Yes	No		
Is there any matter pending	which could affect the status of your Driver Lice	nce?	Yes	No		
If Yes, give details						
Additional Informat	ion					
If your application is success	ful, when could you start work?					
Medical Questionnai	re					
Do you require corrective le	enses or contact lenses?		Yes	No		
Do you have any hearing disa	ability?		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						
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?				No		
Do you agree to undergo an ACC pre-employment check			Yes	No		
Do you agree to undergo a Police Check			Yes	No		



Declaration						
I,						(full name)
1.	<ol> <li>Declare that the answers to the questions in the application are true and correct and I understand that the information requested within this application form is sought to establish my suitability for the position that I am applying and that if I do not provide such information then this application for employment may be rejected.</li> </ol>					
2.	<ol> <li>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.</li> </ol>					
3.	<ol> <li>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.</li> </ol>					
4.	<ol> <li>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.</li> </ol>					
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.	<ol> <li>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</li> </ol>					
Signature Date:						