



<b>Employment History</b>	
<b>Current and most recent employment</b>	
Organisation	
Position Held	
Length of service	
Key position Accountabilities	
Key achievements	
Reason for leaving	
<b>Next most recent experience</b>	
Organisation	
Position Held	
Length of service	
Key position Accountabilities	
Key achievements	
Reason for leaving	
<b>Next most recent experience</b>	
Organisation	
Position Held	
Length of service	
Key position Accountabilities	
Key achievements	
Reason for leaving	
Summary of other relevant positions held	
<b>Current remuneration expectations</b>	

**Medical**

Endoscopy Auckland may require you to obtain a full medical clearance for specific job-related abilities required for the position you have applied for. We have a responsibility to ensure your fitness to carry out the work in a manner that does not jeopardise your own health and safety, or the health and safety of patients and other staff. (Health and Safety Employment Act 1992 and Accident Rehabilitation and Compensation Insurance Act 1992.)

Do you agree to undergo a pre-employment medical examination if requested and to allow this information to be released to Endoscopy Auckland, where it will be held on a confidential basis, in accordance with the Privacy Act? If you decline to consent to testing or providing further information your application may not be considered further.

Yes  No

Have you, or do you, currently have any injury or medical condition caused by gradual process, disease or infection, for example, hearing loss, sensitivity to chemicals, occupational overuse injuries or exposure to asbestos that may be aggravated by the position you have applied for?

Yes  No

If yes, please provide details:

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Have you, in the last 7 years been convicted of any criminal offence resulting in any form of suspended sentence or imprisonment or in any other way involving an act of violence, dishonesty, theft or illegal use of drugs, or are you currently facing charges or being investigated for actions, which may lead to criminal charges?

Yes  No

If yes, please provide details:

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Have you ever been the subject of a professional disciplinary enquiry that resulted in any form of adverse finding, censure or ruling?

Yes  No

If yes, please provide details:

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## Referees Reports

Prior to finalising an offer of employment Endoscopy Auckland will want to seek verbal or written information on a confidential basis from representatives of your previous employers and/or referees. We request your authority for the information sought to be released to us for the purpose of determining your suitability for the position you have applied for. Do you consent to Endoscopy Auckland contacting the following for the purpose of reference checking?

- Your present employer Yes  No
- Referees (as supplied) Yes  No

Please supply the following information for three people who will provide work references for you or the name of contact and employment agency who made this appointment for you.

Name	Organisation	E mail Address	Phone No

If your application was successful, when would you be available to begin employment?

<input type="checkbox"/>	Now
<input type="checkbox"/>	2 weeks
<input type="checkbox"/>	1 month
<input type="checkbox"/>	1-2 months
<input type="checkbox"/>	3 or more months

Do you know anyone currently working at Endoscopy Auckland? If yes, please detail:


### Declaration

I \_\_\_\_\_ (full name) declare that to the best of my knowledge the answers in this application are correct, and that my cv is accurate and correct. I understand that if any false or deliberately misleading information is given, or any material fact suppressed, I will not be accepted for employment, or if I am employed, this will constitute lawful grounds for the termination of my employment. I also understand that any false information given in relation to my medical history or a failure to disclose relevant information can result in my loss of entitlement for any compensation from ACC. I further understand that any offer of employment may be subject to a satisfactory medical clearance.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Compiled by:	Robyn Martin/Sue Valentine
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