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EMPLOYMENT APPLICATION FORM

Which position are you applying for? **Community Strength and Balance Trainer**

What is the Closing Date? **5:00pm, 28th January, 2020**

The following details are to be completed personally by the applicant. Please complete all sections and **return with your resume** before the closing date to admin@sportwaitakere.nz.

This information is collected for the purpose of assessing your suitability for employment at Sport Waitakere.

Name: _____ (Mr/Mrs/Ms/Miss)

Address: _____

Phone: _____ (H) _____ (W)

_____ (mob) _____ (email)

1. What motivated you to apply for this position?

2. What has been your involvement in the sport recreation/fitness sector?

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3. What experience have you had working with older adults in a physical activity and/or group exercise context?

4. What experience have you had in assessing exercise programmes or classes ?

5. What experience have you had in working in complex relationship/stakeholder environments?

7. Computer Skills

- Please list Software you have used on a regular basis, including your competency level of 1 (low) – 5 (high) beside each answer (*see below*):

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8. General Information

Can you hold an every day conversation in any language other than English? YES / NO
If yes, please list language/s

Please list any other skill/training that you have that you feel is relevant to the position you have applied for:

Are you legally entitled to work in New Zealand? YES / NO

As:

A New Zealand Citizen YES / NO

A Permanent Resident YES / NO

A Holder of A Current Work Permit YES / NO

Have you ever worked for Sport Waitakere before as either a paid employee or a volunteer?

YES / NO

If yes, when: _____

Do you have secondary employment? YES / NO

If yes, please give details: _____

Have you been convicted or awaiting pending charges in a civil or criminal court of law that has not been concealed by the Clean Slate Bill? YES / NO

Do you agree to Sport Waitakere gaining personal information from the

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Ministry of Justice? YES/NO
Do you have a current full drivers licence? YES / NO
If yes, what class? _____
Drivers Licence Number is: _____
Do you have any demerit points or endorsements? YES / NO
Do you have any cases pending? YES / NO
Can you think of anything that may affect your regular attendance at work?
If yes, please explain: YES / NO

What are your interests / hobbies / sports / clubs or community activities?

If your application was successful when could you start? _____

Where did you find out about this position? _____

9. Medical

Have you ever suffered from any injury requiring time off work? YES / NO
If yes, please detail: _____

Do you have any known condition, current or previous illness or injury, which may affect your ability to effectively carry out the functions and responsibilities of the position applied for or that could put other employees at risk? YES / NO
If yes, please detail: _____

In your past employment have you ever suffered from any form of Occupational Over Use Syndrome? YES / NO
If yes, please detail: _____

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Do you agree to undergo a medical examination if required?

YES / NO

10. Declaration

I (Full Name): _____ declare that:

1. To the best of my knowledge the information provided in this application and in any C.V. attachment is accurate;
2. I understand that if any false or deliberately misleading information is given, or any material fact suppressed, my application will be denied or if I am employed, my employment will be terminated;
3. I also understand that any false information given in relation to my medical history with regards to gradual process, disease or infection can result in my loss of entitlement for any compensation from ACC;
4. The information collected is for the sole purpose of assessing my suitability for employment at Sport Waitakere.

Signed: _____ **Date:** _____

Please Note: *Completing this form does not place any obligation on Sport Waitakere to interview and/or engage the applicant.*