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Application for employment

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| **First Name(s) [[1]](#footnote-1)\*** |  |
| **Preferred name** |  |
| **Last name \*** |  |
| **Mobile \*** |  |
| **Email \*** |  |
| **Street address** |  |
| **Role you are applying for** |  |
| **Salary expectations** |  |
| **NZ Drivers licence number \*\*** |  |

**Right to work in NZ \***

To be employed at the Transport Accident Investigation Commission you must be eligible to work in New Zealand. Please ensure you have the required documentation as you will be asked to present this if you become a preferred candidate. Please indicate below:

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| --- | --- | --- |
|  | NZ citizen |  |
|  | NZ permanent resident |  |
|  | Australian citizen |  |
|  | Work visa – if “yes” add work visa expiry date: |  |
|  | No Visa/Other – if “Other”, please detail: |  |

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| **Health and safety requirements \*** | | | | |  | |
| Do you have or have you ever had any injury, impairment or medical condition that does or could affect your ability to do the type of work for which you are applying? | | | | | Yes/No | |
| If yes please detail: |  | | | |  | |
|  |  | | | |  | |
| Would you require any special services/facilities to satisfactorily and safely perform the role for which you are applying? | | | | | Yes/No | |
| If yes please detail: |  | | | |  | |
|  |  | | | |  | |
| Is there anything else that you think we need to know to support your health and safety? | | | | | Yes/No | |
| If yes please detail: |  | | |  | | | |
| **Integrity \*** |  | | | | |  | | |
| Do you have any criminal charges pending, or any criminal convictions, either in New Zealand or overseas? *(Please note: If you are eligible under Section 7 of the Criminal Records (Clean Slate) Act 2004 you are deemed not to have a criminal record, in New Zealand, and are not required to declare the convictions).* | | | | | | Yes/No | | |
| If yes, please supply details of each offence that you have been convicted of and any sentence you received: | |  | | | |  | | |
|  | | |  | | |  | | |
| Have you ever been, or are you currently, subject to a serious misconduct investigation or dismissed from employment? | | | | | | Yes/No | | |
| If yes please detail: |  | | | | |  | | |
|  |  | | | | |  | | |
| If you are seeking a role with significant financial risk/responsibility, have you ever been declared bankrupt or are you currently pending bankruptcy? | | | | | | Yes/No | | |
| If yes please detail: |  | | | | |  | | |
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**Declaration \***

By signing this Application form:

* I understand the collection and verification of my personal information is for the purpose of assessing my suitability for the role I am applying for.
* I consent to the Transport Accident Investigation Commission confirming my work status with Immigration New Zealand (if applicable).
* I confirm that all information and material I have provided to the Transport Accident Investigation Commission is accurate, complete and true as at the date of signing. I will notify the Transport Accident Investigation Commission immediately of any changes.
* I authorise the Transport Accident Investigation Commission to make enquiries and collect information which may include, but is not limited to, proof of identity and evaluative material relevant to the role.
* I authorise the Transport Accident Investigation Commission to contact referees nominated by me on a confidential basis. I understand that the information gained through this process is deemed to be evaluative and will not be disclosed to me.
* I understand that if I alter or withhold relevant information my application will not be considered further. I also understand that my employment may be terminated if, after investigation, the Transport Accident Investigation Commission discovers any information provided by me or about me is false or misrepresented, or any material fact has been suppressed.
* I understand that I have rights to access all information I have provided to the Transport Accident Investigation Commission and to seek any correction I think necessary to ensure accuracy.

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| --- | --- | --- | --- |
| **Signature** |  | **Date** |  |

1. \* Required

   \*\* Please return a scanned copy of your drivers’ licence (both sides) with your completed form [↑](#footnote-ref-1)