



APPLICATION FORM

This application form ensures that we receive a standard set of information from all applicants for positions with the Otago University Students' Association Incorporated. Pursuant to the Privacy Act 1993, the information supplied shall be used for the purpose of assessing the applicant's suitability for the position applied for.

Please complete this form in either blue or black pen. If there is insufficient space to record your answers please attach additional pages.

Position applied for: _____

Personal Details

Name	_____	_____
	First Name(s)	Last Name
Address	_____	_____
	_____	_____
	_____	_____
	During Term	Home Address
Telephone	_____	
Fax	_____	
Email	_____	

Health and Safety

Have you had or do you have any medical problems or disabilities (eg. gradual process, back injury or strain, loss of hearing) which may affect your ability to carry out your work duties?

Yes No

If yes, please specify: _____

Legal Entitlement to Work

Are you a NZ Citizen/Permanent Resident or Australian Citizen? Yes No

If not, do you have a current Work Permit? Yes expiry date: _____

No

Criminal Convictions

As an organization based at an educational institution Association employees are often placed in positions of trust. We therefore request you answer the following questions.

Have you ever been convicted or discharged without conviction as a result of criminal charges in New Zealand (excluding those convictions protected from disclosure by the Criminal Records [Clean Slate] Act 2004) or any other country?

Yes No

Are there any charges pending against you?

Yes No

If you answered "Yes" to either or both of the above questions, please provide details.

Additional Information

Please also include the following information with this application form (where applicable):

- Details of tertiary qualifications.
- A brief outline of your secondary school education and achievements.
- A brief history of your work experience (both paid and unpaid).
- Details of your outside interests.
- The names and contact details of at least two referees that we can contact in relation to this application (along with any references you wish to provide).
- Any further details that you think are relevant to your application (other qualifications, languages spoken etc).

Please inform us of other commitments (and approximately how many hours, per week, these are likely to take up) that may be likely to impact on your ability to do this job.

Authorisation

If unsuccessful, I authorise the Otago University Students' Association Incorporated to retain this application for future vacancies.

Yes No

If successful when can you start? _____

I authorise the Otago University Students' Association Incorporated to contact my named referees to assist in assessing this application.

Yes No

Declaration

I certify that the answers provided in this application are correct. I understand that incorrect, misleading or omitted information may disqualify me from appointment, or if appointed, shall make me liable for dismissal.

Signature

Date

Please return your application to:

Personnel
Otago University Students' Association
P O Box 1436
640 Cumberland Street
DUNEDIN 9054