

## APPLICATION FOR VACANCY

### POSITION

<b>Position applied with:</b>	SkyCare Airline Services / SkyCare International
<b>Position applied for:</b>	Ramp/Customer Service/Other ( )
<b>Location:</b>	Auckland / Wellington / Queenstown

### PERSONAL DETAILS

<b>Surname/Family Name (block letters):</b>
<b>First Names (in full):</b>
<b>Full Postal Address:</b>
<b>Email Address:</b>
<b>Contact Telephone Numbers:</b>
<b>Private:</b> ( ) <b>Business:</b> ( ) <b>Mobile:</b> ( )

### CONVICTION DETAILS

<b>Are there any criminal charges pending or have you ever been convicted of any unlawful offence which may have bearing on your application?</b>	<b>Yes / No</b>
<i>(If Yes, please provide the details below)</i>	

### CITIZENSHIP

<b>Are you a New Zealand Citizen?</b>	<b>Yes / No</b>	
<b>If not, do you have:</b>	<b>Permanent resident status</b>	<b>Yes / No</b>
	<b>A current work permit to work in New Zealand</b>	<b>Yes / No</b>
<b>Note: If you are not a New Zealand Citizen you will be required to prove your residency status or show your work permit prior to being confirmed in this position.</b>		
<b>Comments:</b>		

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## HEALTH AND SAFETY DECLARATION

### A. Medical History

We are committed to providing a safe working environment. In order for us to be aware of any particular health and safety requirements please indicate whether you have suffered or presently suffer from the following.

	(Tick box that applies)			
Hearing impairment	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Visual impairment (not corrected by lenses)	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Blackouts or seizures	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Back injury or back strain	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Joint injury	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Mobility impairment	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Smoker	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

If you have indicated that you have suffered from or presently suffer from any of the above, please give details here:

Do you live with the effects of any other illness, injury, condition or health problem which we should be aware of, e.g. one which may impact on your ability to perform the role that you have applied for? If so, please give details here:

Are you taking any medication which we should be aware of? If so, please give details here:

### B. Gradual Process Injuries

	(Tick box that applies)			
Have you ever suffered from a Gradual Process Injury?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

**A Gradual Process Injury is an injury that comes on over a period of time, for example, Occupational Overuse Syndrome, Tendonitis, Occupational Asthma, Hearing Loss).**

If you have suffered from a Gradual Process Injury, please provide details here:

*NB: Section 7(6) of the Accident Rehabilitation Compensation Insurance Act 1992 provides that you may not be entitled to compensation if you represent that you have not suffered from a Gradual Process Injury or from a specified condition likely to materially contribute to personal injury caused by gradual process, disease or infection arising out of and in the course of employment, knowing that representation to be untrue.*

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## PAST EMPLOYMENT DETAILS

Please attach a copy of your Curriculum Vitae providing details of past employment. This should include contact details for at least two verbal referees.

## REFERENCE CHECKS

I hereby authorise the company to carry out reference checks with those referees listed in my Curriculum Vitae, or as requested during the appointment process.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## EQUAL EMPLOYMENT OPPORTUNITIES (EEO)

We are an equal opportunities employer and as such will not discriminate or tolerate discrimination, against any employee or applicant in any manner prohibited by law.

## PRIVACY

The information you provide in this application will be used to assess whether you are suitable for the vacancy. You have the right to access and request a correction of it. This information will be viewed only by those involved in the selection process and will be kept secure.

## DECLARATIONS

I hereby declare that the above information and that contained in my attached Curriculum Vitae is correct and complete to the best of my knowledge. I authorise the disclosure of this information to any person involved in the selection or a review relating to this vacancy.

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please e-mail this form along with your CV to [gemma@skycare.co.nz](mailto:gemma@skycare.co.nz)

Thank you for your application.