

# SMOKECHANGE LIMITED

## CONFIDENTIAL APPLICATION FOR EMPLOYMENT

### HOW TO APPLY

#### Position: Accounts and Office Administrator

Applications for this position is to be received, no later than 5.00 p.m. on Tuesday, 27th July 2010 and addressed to:

Katrina Hogg  
PO Box 13 864, Christchurch, 8141  
Email: [katrina@smokechange.co.nz](mailto:katrina@smokechange.co.nz) Tel: 03 353 5920

#### How to apply

To apply, please complete **application form** and **personal statement** and return these with a **cover letter** and **full Curriculum Vitae**. If you access application forms from the website you may need to **print them first** and then fill them in **off-line**. (They may not be able to be filled in on-line for your computer.) Please complete every section of the application form. Thank you.

#### Relevant documents

Documents relevant to this position are posted on our website ([www.smokechange.co.nz](http://www.smokechange.co.nz)). These are:

- Advertisement
- Application and Personal Statement Form
- Position Description/Person Specification

Information about our organisation and the services we provide are available from our website.

#### Relevant dates

Applications close on **Tuesday, 27<sup>th</sup> July 2010**  
Interviews for shortlisted applicants are scheduled for

- Week beginning 2nd August 2010

#### 1. Personal details

Last Name:	First Name:
Address:	City/Town:
Telephone: (Work)	Mobile:
Telephone: (Home)	Email:

If appointed will you have other business or employment commitments?  yes  no

Please detail: \_\_\_\_\_

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## 2. Resident status

Are you a citizen of New Zealand  yes  no  
If no, do you have a work permit?  yes  no

## 3. Education

Please give details of the highest qualification you have obtained. Include details of the **date conferred, institution and final year grades** for the above qualification. (*Note: Please bring copies of your actual qualifications (not copies) and course transcripts if invited to a selection interview*)

Qualification	
Date Conferred	
Institution	
Final Year Course Grades	

Are you studying at present? (If "yes" please give details):  yes  no

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## 4. Employment History

Start with your present employer / appointment, then list previous employment details in date order, giving the employer / appointment, position held, period employed, reason for leaving, significant achievements

<b>A. Current or most recent position</b>	
Employer / appointment	
Position held	
Period employed	
Reason for leaving	
Significant achievements	

<b>B. Next most recent position</b>	
Employer / appointment	
Position held	
Period employed	

Reason for leaving	
Significant achievements	

<b>C. Third most recent position</b>	
Employer / appointment	
Position held	
Period employed	
Reason for leaving	
Significant achievements	

## 5. Transport

Do you hold a current "clean" drivers license?  yes  no

*(Note: Please bring your driver's license (not a copy) if invited to a selection interview)*

## 6. Medical

These questions are asked for the purpose of allowing the employer to identify any possible hazards in providing a safe place of work as required by the Health and Safety in Employment Act.

1. Are you able to meet the physical requirements for the job which include typing, lifting?

yes  no

If no, please state any previous injury or illness you have suffered that may affect your ability effectively to carry out the functions and physical requirements.

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2. Have you had an injury or medical condition caused by gradual process, disease or infection arising out of work that may be aggravated or further contributed to by the tasks of this job?

yes  no

If yes, provide details below.

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3. Have you had a claim with ACC for a work injury?

yes  no

If yes, provide details below.

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4. Are you smokefree?  yes  no

## 7. General

a. Have you been convicted for any criminal offence (or been placed on diversion schemes)

yes  no

b. Are you waiting to hear of a charge against yourself in a Court of Law?

yes  no

c. If short-listed, do you accept that you may be subject to a Police Vetting Check for the purposes of ensuring that you are not an individual who may have displayed behaviour that could be detrimental to others' safety and wellbeing?

yes  no

d. Are you willing to participate in and be associated with all services delivered by Smokechange Limited which includes assisting with seminars?

yes  no

e. Are you prepared to work flexible hours, including evenings and weekends if necessary?

yes  no

f. Please list any professional associations of which you are a member.

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g. Please declare any potential conflicts of interest you may have if appointed to this position. A conflict may occur where it could be perceived that self-interest may affect the performance of duties.

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h. If your application is accepted, on what date could you commence work? \_\_\_\_/\_\_\_\_/\_\_\_\_

## 8. Referees

Please indicate if your named referees are related to you or know you in a personal capacity.

**Referee 1.** (most recent employer. manager)

Referee is related to me or knows me in a personal capacity:  yes  no

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number(s): Work: \_\_\_\_\_ Home: \_\_\_\_\_

Mobile: \_\_\_\_\_

**Referee 2.**

Referee is related to me or knows me in a personal capacity:  yes  no

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number(s): Work: \_\_\_\_\_ Home: \_\_\_\_\_

Mobile: \_\_\_\_\_

**Referee 3.**

Referee is related to me or knows me in a personal capacity:  yes  no

Name: \_\_\_\_\_

Position: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number(s): Work: \_\_\_\_\_ Home: \_\_\_\_\_

Mobile: \_\_\_\_\_

If short-listed after an initial interview, I will consent to Smokechange Limited seeking verbal information about me from the above referees and authorise the information sought to be released.

yes  no

**9. Declaration**

I declare that the information given in this application is correct to the best of my knowledge. I understand that if found to be otherwise this could be reasonable grounds for not being employed, or if already employed, be grounds for immediate dismissal.

SIGNED: \_\_\_\_\_

DATE: \_\_\_\_\_

**Please Note:** Personal Statement form follows

