

# Auckland Philharmonia Orchestra EMPLOYMENT APPLICATION FORM



Legal First Name:		Legal Surname:	
Preferred Name:		Email Address:	
Street Address:		Suburb:	
City:		Country:	
Evening phone:		Daytime phone:	
Mobile number:			
Preferred method of contact	<input type="checkbox"/> Evening phone <input type="checkbox"/> Daytime phone <input type="checkbox"/> Mobile phone <input type="checkbox"/> Email		
How did I learn of this position?:	<input type="checkbox"/> Seek <input type="checkbox"/> Trade Me <input type="checkbox"/> Auckland Philharmonia Orchestra Employee <input type="checkbox"/> Auckland Philharmonia Orchestra Website <input type="checkbox"/> Big Idea Website <input type="checkbox"/> NZ Herald <input type="checkbox"/> Other _____ (please list)		
Do you hold a current valid full drivers license for driving in New Zealand?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
What are your approximate salary expectations?	\$ _____		
Have you been convicted for any criminal offence (excluding convictions which may be concealed under the Clean Slate Act), or are you awaiting a trial on any criminal charge? (minor traffic offences do not need to be disclosed)	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please provide details:			
<b>ENTITLEMENT TO WORK</b>			
Are you legally entitled to work in New Zealand?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you a New Zealand citizen or do you have New Zealand residency?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
If you are not a New Zealand citizen, do you hold a work visa for New Zealand?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Provide your Work Visa type and Expiry Date:			
If successful in your application, when would you be able to start?			

**HEALTH AND SAFETY**

Health and safety requirements: declaration of a medical condition does not exclude employment within Auckland Philharmonia Orchestra unless it is a core criteria for the position e.g. significant sight impairment for driving is a core aspect of the position.

Having read the position description for this role, do you live with the effect of any illness, injury (physical or psychological) that may:

Impact on your ability to carry out the requirements of the position?

Yes                       No

Be aggravated or further contribute to by the tasks of the position?

Yes                       No

If you are currently suffering, or have previously suffered injury, illness or condition are there any special services or facilities which we could provide to enable you to carry out work duties safely

Yes                       No

**DECLARATION:**

The information provided by you on this form and in any supporting documentation will be used for the purpose of assessing whether you are suitable for this vacancy. The information will be kept secure. In signing this declaration, you are confirming that all information provided by you is true and correct in all respects, and that you understand that if any false information is given, it may result in the forfeiture of any position offered.

**Signed:**

**Date:**