 **Te Āwhina Marae o Motueka Society Inc**

 133 Pah Street

 MOTUEKA 7120

 **Application For employment**

Telephone: 03 528 6061

 Facsimile: 03 528 8995

 Email: info@tam.org.nz

02 March 2021

Thank you for your interest in the positions of

**Food Secure Community Coordinator/Te Pataka Coordinator**

at Te Āwhina Marae.

Please find attached an Application for Employment form which must be completed by you for the position/s you wish to apply for. We are willing to consider a combined Coordinator position, as both roles focus on helping our whānau to thrive, averaging around 20 hours per week, if that would interest you.

We would like to you to provide a copy of your CV, but please ensure it is succinct, and relevant to the position you are applying for. It will not be returned to you at the end of the employment process.

This information will be used to assist us in considering your suitability for the position for which you are applying. If successful, such information shall form part of the Personnel Records of Te Āwhina Marae. You are entitled to access this information upon request.

The starting date for all positions will **be negotiated, as soon as possible**

The closing date for this position is: ***Noon, Friday 12 March 2021***

Please forward your application to: ***The Tumuaki***

***Te Āwhina Marae***

***133 Pah St***

***Motueka 7120***

***Ph 03 528 6061***

***Mobile 027 408 4307***

***email: tumuaki@tam.org.nz***

**APPLICATION FOR EMPLOYMENT**

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|  |
| Date: |  |  |
| Position Applied For: | Food Secure Community Coordinator/Te Pataka Coordinator |
|  If you are applying for only 1 position, please cross out the one you are **not** applying for |
|  |
| **Personal Details** |
|  |
|  Name: |  |
|  Address: |  |
|  |  |
|  Phone: |  | Mobile: |  |
|  Email: |  |  |  |
|  Gender: | Male ❑ Female ❑ | Date Of Birth: |  |
|  Ethnicity: |  |  Iwi (if applicable): |  |
|  |  |  |  |
| **General Details** (please tick as applicable) |
|  Are you legally entitled to work in New Zealand? | Yes ❑ No ❑ |
|  Have you ever been convicted of a criminal offence? | Yes ❑ No ❑ |
|  Are you awaiting the hearing of charges in a civil or criminal court of law? | Yes ❑ No ❑ |
|  If yes please give details |  |
|  |  |  |  |
|  | Do you have a current clean full driver’s licence? | Yes ❑ No ❑ |
|  |
| **Health Details** |
| Have you had an injury, or medical condition caused by gradual process, disease or infection (eg. hearing loss, sensitivity to chemicals, repetitive strain injuries) that may be aggravated or further contributed to by the tasks of this position? | Yes ❑ No ❑ |
|  |
| If yes please give details |  |
|  |  |
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| **CURRENT AND/OR PREVIOUS WORK EXPERIENCES** |
|  |
| Name of Employer |  |
| Nature of Business |  |
| Position Held |  |
| Period of Employment | *From:* | *To:* |
| Key Responsibilities |
|  |
| Reason for Leaving |
|  |
|  |
|  |
| Name of Employer |  |
| Nature of Business |  |
| Position Held |  |
| Period of Employment | *From:* | *To:* |
| Key Responsibilities |
|  |
| Reason for Leaving |
|  |
|  |
|  |
| Name of Employer |  |
| Nature of Business |  |
| Position Held |  |
| Period of Employment | *From:* | *To:* |
| Key Responsibilities |
|  |
| Reason for Leaving |
|  |
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**EDUCATION**

List formal qualifications or training *which are relevant to the position* being applied for. Please detail the name of the course, the organisation that provided the course and dates of graduation/ completion.

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**REFEREES**

Please provide name, address and contact numbers of at least two referees (including, if possible, at least one that you have worked for within the past two years).

|  |  |
| --- | --- |
| Name: |  |
| Relationship: |  |
| Contact Details: |  |
|  |  |
| Name: |  |
| Relationship: |  |
| Contact Details: |  |
|  |  |

**OTHER RELEVANT INFORMATION**

Please add any other information which you think is relevant to the position being applied for.

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**DECLARATION**

I, , declare that the information contained in this application and in any supporting material is accurate and complete and that it may be relied on in determining my suitability for employment. I accept that should my application be successful the foregoing information will form part of my contract of employment and my falsification or withholding of information is grounds for dismissal. I also understand that false information given in relation to my medical history with regards to gradual process; disease or infection may result in my loss of entitlement for any compensation from ACC.

Furthermore, I agree that Te Āwhina Marae may contact the named referees detailed either on my curriculum vitae or on this form, seeking information about me. I understand that this information may be sought to ascertain my suitability for the position I am applying for. I also understand that the information received is received in confidence as evaluative material and will not be disclosed to me.

I give permission to Te Āwhina Marae to obtain a Police check, as part of ascertaining my suitability for this position.

Applicant Signature: Date: