



**WELLINGTON  
FREE AMBULANCE**  
*your ambulance service*

**APPLICATION FORM**

**Position** \_\_\_\_\_ **Vacancy Number:** \_\_\_\_\_

Please read this information carefully before filling out this form.

Please complete the following questions in your **own handwriting**, sign this form and attach your curriculum vitae. Your curriculum vitae should detail your experience and qualifications for the key tasks described in the job description and how you meet the attributes described.

If you have any queries relating to the completion of this application form please contact the Human Resources Advisor on (04) 498 9603. Please note that we are relying on the information that you give in this Application Form in our hiring decision and therefore it would be grounds for dismissal if this information is found to be untrue. The information is collected for the purpose of assessing your suitability for appointment to the specified vacancy or, with your consent, other vacancies that may arise within Wellington Free Ambulance. This information is collected and held by Human Resources Wellington Free Ambulance, PO Box 601, Wellington. You are able to access and correct this information by contacting the Human Resources Advisor.

**PERSONAL INFORMATION**

<b>Surname:</b>	
<b>Given Name(s):</b>	
<b>Contact Address:</b>	
<b>Contact Details:</b>	<b>Day:</b>  <b>Evening:</b>  <b>Mobile:</b>
<b>Email Address:</b>	

## GENERAL APPLICATION INFORMATION.

Please briefly describe your reasons for applying for this position:

Why are you looking to leave your current role? (not relevant for Volunteer Event Medic Application)

Do you have any other information you feel may be relevant to this application?

Do you have any other paid employment that will continue in the event your application for this position is successful? Please provide brief details:

If your application is successful when could you commence employment?

Are you prepared to work overtime if required?

**Yes**

**No**

**EDUCATION & TRAINING**

Institution Name:	Dates: to and from	Qualification(s) gained

**DRIVERS LICENCE** – please fill in or circle as appropriate

Do you have a current full car license? ( Class I, which includes both manual and automatic)	<b>Yes</b>	<b>No</b>
<b>Drivers License No.</b> _____ <b>Expiry:</b> /    /		
Please list all classes and/or endorsements listed on your license:		
Do you have any demerit points?  If <b>yes</b> , please provide details.	<b>Yes</b>	<b>No</b>
Have you been fined for any driving offence?  If <b>yes</b> , please provide details of the offence and dates:	<b>Yes</b>	<b>No</b>
Do you have any charges or proceedings for driving offences pending?  Is yes, please give details and dates:	<b>Yes</b>	<b>No</b>
Have you completed a Defensive Driving Course, within the last 3 years?	<b>Yes</b>	<b>No</b>

**Note:** A Defensive Driving Certificate is only **mandatory** for Paramedic, Extended Care Paramedic, Patient Transfer Officer applications and is **optional** for Event Medic applications.

**New Zealand Transport Agency** - license check

I \_\_\_\_\_ hereby consent to the disclosure to Wellington Free Ambulance of any information regarding my drivers license status.

Signed.....

Date.....

**RIGHT TO WORK IN NEW ZEALAND** – please fill in or circle as appropriate

<p>Are you a New Zealand citizen?</p> <p>If <b>yes</b>, please go to the Convictions section.</p> <p>If <b>no</b>, please state what nationality you are:</p>	<b>Yes</b>	<b>No</b>
<p>Are you currently legally entitled to work in New Zealand?</p> <p>If yes, by what means are you legally entitled to work in New Zealand? Please provide visa or work permit expiry date.</p>	<b>Yes</b>	<b>No</b>

**CONVICTIONS** - please fill in or circle as appropriate

**Please note** - Under the provisions of the Criminal Records (Clean Slate) Act 2004, you do not have to disclose details of offences against the law if you meet the following criteria:

- No convictions within the last 7 years; AND
- You have never been sentenced to a custodial sentence; AND
- You have never been ordered by a court, following a criminal case, to be detained in a hospital due to a mental condition; AND
- You have no convictions for 'specified offences' under the Act; AND
- You have paid in full any fine, reparation, or costs ordered by the Court in a criminal case; AND
- You have never been indefinitely disqualified from driving

<p>Have you ever been charged with an offence and appeared in court?</p> <p>If <b>yes</b>, please give details and dates:</p>	<b>Yes</b>	<b>No</b>
<p>Have you been convicted of any offence against the law, where the conviction was more than 7 years ago and does not meet the criteria for withholding disclosure as outlined above?</p> <p>If <b>yes</b>, please give details and dates:</p>	<b>Yes</b>	<b>No</b>
<p>Do you have any criminal charges pending?</p> <p>If <b>yes</b>, please give details and dates:</p>	<b>Yes</b>	<b>No</b>

**GENERAL** - please fill in or circle as appropriate

<p>Have you been the subject of discipline (such as a warning) or dismissed from any previous employment?</p> <p>If <b>yes</b>, please provide details and dates:</p>	<p><b>Yes</b></p>	<p><b>No</b></p>
<p>Have you ever been employed by Wellington Free Ambulance in the past?</p> <p>If <b>yes</b>, please provide details and dates:</p>	<p><b>Yes</b></p>	<p><b>No</b></p>
<p>Have you ever applied for any other position(s) with Wellington Free Ambulance?</p> <p>If <b>yes</b>, please provide details of the position and year of application.</p>	<p><b>Yes</b></p>	<p><b>No</b></p>
<p>Are you related to any person who is currently employed or volunteers for Wellington Free Ambulance?</p> <p>If <b>yes</b>, please give details:</p>	<p><b>Yes</b></p>	<p><b>No</b></p>

**REFEREES** – Please provide details below for a minimum of two referees, these **must** be managers or supervisors you have direct reported to and from you most recent place(s) of employment.

REFEREE 1		
<p><b>Name:</b></p>		
<p><b>Organisation Name:</b></p>		
<p><b>Position Title:</b></p>		
<p><b>Relationship to applicant:</b></p>		
<p><b>Contact Details:</b></p>	<p><b>Wk:</b></p>	<p><b>Mb:</b></p>
<p><b>Email Address:</b></p>		

REFEREE 2		
<b>Name:</b>		
<b>Organisation Name:</b>		
<b>Position Title:</b>		
<b>Relationship to applicant:</b>		
<b>Contact Details:</b>	<b>Wk:</b>	<b>Mb:</b>
<b>Email Address:</b>		
REFEREE 3		
<b>Name:</b>		
<b>Organisation Name:</b>		
<b>Position Title:</b>		
<b>Relationship to applicant:</b>		
<b>Contact Details:</b>	<b>Wk:</b>	<b>Mb:</b>
<b>Email Address:</b>		

### REFERENCE CONSENT

<p>Do you consent to Wellington Free Ambulance seeking verbal or written information about you from representatives of your previous or current employers and/or referees, and authorise the information sought to be released to WFA for the purposes of a selection process?</p> <p>If yes – Signature: _____ Date: _____</p>	Yes	No
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**MEDICAL** - please fill in or circle as appropriate

Wellington Free Ambulance has a pro-active health and safety approach to identify and manage hazards and to promote health and safety at work. We need to ensure that you have an understanding of the demands associated with working for Wellington Free Ambulance. Your responses to this section will not disqualify you from possible employment. All employment offers are subject to undergoing a pre-employment medical examination.

	<b>Yes</b>	<b>No</b>
<p>Have you had or do you have:</p> <ul style="list-style-type: none"> <li>• an injury or medical condition, including gradual process disease, infection or accident (for example, hearing loss, sensitivity to chemicals, repetitive strain injuries/OOS/RSI), which the tasks of the job may aggravate or contribute to?</li> <li>• persistent discomfort which the use of a computer or other manual tasks may compound , cause to return or make worse.</li> </ul> <p>If <b>no</b>, please enter N/A</p> <p>If <b>yes</b>, please give details. Please include what steps you take for self management of this condition:</p>		

**IMMUNISATIONS** - please fill in or circle as appropriate

**Hepatitis B** – Wellington Free Ambulance needs to know the hepatitis B status of all employees, as it is important for your protection and the protection of others. If you are not immune, you will be offered free immunisation.

Have you had Hepatitis B infection	Yes	No	Not sure
Have you had Hepatitis B vaccine?	Yes	No	Not sure
Do you know your immunity status?	Yes	No	Not sure
Record attached	Yes	No	

If you have supporting documentation of your Hepatitis B status (e.g. laboratory blood test results) please attach to this document.

Please only complete the medical sections below if you are applying for one of the following positions:  
Paramedic, Extended Care Paramedic, Patient Transfer Officer, Event Medic.

### Tuberculosis

Date

Have you had a BCG ( <i>TB immunisation</i> )?	Yes	No	Not sure	__/__/__
Have you had a Mantoux ( <i>An injection under the forearm</i> )?	Yes	No	Not sure	__/__/__
Have you had a chest X-ray in relation to TB exposure?	Yes	No	Not sure	__/__/__
Have you, close family or anyone in your household ever been treated for TB?	Yes	No	Not sure	__/__/__

### Tetanus/Diphtheria Booster

Date

Have you had a tetanus/diphtheria booster within the last 10 years?	Yes	No	Not sure	__/__/__
Record attached	Yes	No		

### Other Infectious Diseases

We are asking for this information with regard to these other infectious diseases so we are able to manage any risk to you or others during an epidemic.

### Rubella

Have you had Rubella?	Yes	No	Not sure
Have you ever been vaccinated against Rubella?	Yes	No	Not sure
Do you know your immunity status?	Yes	No	Not sure

### Mumps

Have you had the Mumps?	Yes	No	Not sure
Have you ever been vaccinated against the Mumps?	Yes	No	Not sure
Do you know your immunity status?	Yes	No	Not sure

### Measles

Have you had the Measles?	Yes	No	Not sure
Have you ever been vaccinated against the Measles?	Yes	No	Not sure
Do you know your immunity status?	Yes	No	Not sure

### Chicken Pox

Have you had the Chicken Pox?	Yes	No	Not sure
Have you ever been vaccinated against Chicken Pox?	Yes	No	Not sure
Do you know your immunity status?	Yes	No	Not sure

### OTHER

How did you here about this vacancy?	WFA site / Seek / Trademe / Facebook / Dominion Post Other please specify:
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Do you consent to Wellington Free Ambulance retaining the information contained in this application form for the purposes of considering your suitability for any other position which may arise in the future?	Yes	No
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### APPLICATION DECLARATION

I _____ (full name) declare that to the best of my knowledge the answers in this application are true and correct and I understand that if any false or deliberately missing information is given or any material fact suppressed, I may not be accepted, or if I am employed, my employment may be terminated.	
Signature:	Date:

Please attach:

- Your curriculum vitae
- A form of photo identification
- A clear copy of your residency / work permit, *(if relevant)*
- A clear copy of your Drivers License
- A clear copy of your Defensive Driving Certificate, *(if relevant)*
- A clear copy of your Qualification(s) and/or Certification(s)
- Any other information you feel is relevant to this application.

Send your completed application to:

Human Resources Advisor  
Wellington Free Ambulance  
PO Box 601  
WELLINGTON  
[work@wfa.org.nz](mailto:work@wfa.org.nz)