

19 Homestead Road, Kerikeri 0230 | Phone: (09) 401 6657 | www.homesupport.co.nz

 **Payroll Position**

**40 hours / week**

**Offices Hours 8 am to 4 pm**

**Applications Close: 31 December 2021**

Thank you for your interest in our Payroll position. Please complete the following application and return to Sharon Lyne, Sharon.lyne@homesupport.co.nz (09) 401 6657 or deliver to the office in Kerikeri.

The position you are applying for is full time 40 hours. Please see attached draft position description. There is a requirement to work an occasional weekend day or Public Holiday to meet payroll deadlines (mostly over the Christmas / New Year period).

Ideally we would like a start date for this position as soon as possible.

We require you to answer all questions that follow. The successful applicant needs to complete a “Consent to Disclosure Exception of Information” form (full disclosure police check).

Please note that our Employment Agreement will also include a 90 Probation period & require you to be & remain fully vaccinated against COVID.

We require a current CV (if you have not already provided one), showing all work history, as well as two **work** referees (contactable during office hours).

If your application is short listed for an interview you will be contacted to arrange a time.

Due to the need to cover this position urgently – interviews are likely to be early January if suitable applications are received.

Thank you for your interest and we look forward to receiving your completed application.

Kind Regards,

**Sharon Lyne**

**Payroll Manager**

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| **Mid/Far North Office**19 Homestead Road, Kerikeri 0230 Phone: (09) 401 6657 Freephone: 0800 832 383hsnwageskk@homesupport.co.nz    |  | **Whangarei Office**7A First Avenue, Whangarei 0110Phone: (09) 430 2090Freephone: 0800 832 383officewhg@homesupport.co.nz  |

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| Applicants Name | Click here to enter text.www.homesupport.co.nz |
| Physical Address | Click here to enter text. |
| Postal Address | Click here to enter text. |
| Home Phone | Click here to enter text. | Cell Phone | Click here to enter text. |
| Email Address | Click here to enter text. |
|  |
| **1** | Ages of dependent children (optional) Click here to enter text. |
| **2** | Do you have a reliable vehicle? | [ ]  **Yes** | [ ]  **No** |
| **3** | Do you hold a Full Current Driver’s licence? | [ ]  **Yes** | [ ]  **No** |
| **4** | Have you ever applied with us before? | [ ]  **Yes** | [ ]  **No** |
| **5** | Have you ever worked with us before? | [ ]  **Yes** | [ ]  **No** |
|  | **If yes**: What position did you hold**?** Click here to enter text. |
|  | **Which office:** Click here to enter text. **When:** Click here to enter text. |
| **6** | Do you have a Criminal Conviction that would show up on a CURRENT “Exception” (full disclosure) police check.*The successful applicant must authorise a Police Check.* | [ ]  **Yes** | [ ]  **No** |
|  | **If yes – please give details:**Click here to enter text. |
| **7** | Do you have a conviction pending?  | [ ]  **Yes** | [ ]  **No** |
|  | **If yes – please give details:**Click here to enter text. |
| **8** | Do you have any health problems that could affect your performance in this position short or long term? | [ ]  **Yes** | [ ]  **No** |
|  | **If yes – please give details:**Click here to enter text. |
| **9** | Is there anything else that may affect your ability to perform this job long term?  | [ ]  **Yes** | [ ]  **No** |
|  | **If yes – please give details:**Click here to enter text. |
| **10** | Have you ever made a work related ACC Claim?  | [ ]  **Yes** | [ ]  **No** |
|  | **If yes – please give details:**Click here to enter text. |
| **11** | Have you ever been involved in an employment dispute or with the Employment tribunal or Nursing Council?  | [ ]  **Yes** | [ ]  **No** |
|  | **If yes – please give details:**Click here to enter text. |
| **12** | Are you a New Zealand or Australian Citizen and legally entitled to work in New Zealand?  | [ ]  **Yes** | [ ]  **No** |
|  | If No – do you have a work permit/visa and can supply a New Zealand IRD number? If other: please give details:Click here to enter text. | [ ]  **Yes** | [ ]  **No** |
| **13** | We would like you to identify areas of experience you have had (as listed below): **(Please tick and give details of experience)** |
|[ ]  Data Entry / IT Systems experience **(please supply copies of any qualifications**)Click here to enter text. |
|[ ]  Customer Relations ExperienceClick here to enter text. |
|[ ]  Computer Experience **(minimum intermediate level required Excel/Word/Access)**Click here to enter text. |
|[ ]  Please state other experienceClick here to enter text. |
| **14** | Are fixed start / finish times an issue for you or would you have a need to request flexible working hours? Click here to enter text. | [ ]  **Yes** | [ ]  **No** |
| **15** | Are you happy with flexible break times? Office is open from 8 – 4 unless working overtime to complete tasks. HSN provides options & paid break time. To be discussed.Click here to enter text. | [ ]  **Yes** | [ ]  **No** |
| **16** | How do your rate yourself with regard to prioritising workloads and achieving deadlines?Click here to enter text. |
| **17** | If successful you would be working as part of an office team of staff over two offices. This requires a person with a team spirit & good communication skills – please comment why you consider yourself to be a team personClick here to enter text. |
| **18** | Are you currently employed? | [ ]  **Yes** | [ ]  **No** |
|  | If so – what is your current employment?Click here to enter text. |
|  | What notice would you be required to give at your current employment?Click here to enter text. |
| **19** | The position requires a lot of flexibility and changing of roles, do you feel comfortable changing work stations / environment and receiving instruction from several different people? Tasks will also vary from payroll, filing and reception.Click here to enter text. |

Please give a brief outline of what other skills / attributes you have and why you feel you would suit this position.

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| Click here to enter text. |

**CHECKLIST**

[ ]  C.V. and any work-related references attached.

[ ]  Copy of your Driver’s Licence / Passport has been provided

**PLEASE GIVE DETAILS OF TWO REFEREES** from previous employers (contactable during working hours) **WITH THIS APPLICATION**. We will contact the Referees as part of processing your application.

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| Name | Click here to enter text. |  | Name | Click here to enter text. |
| Position | Click here to enter text. | Position | Click here to enter text. |
| Company | Click here to enter text. | Company | Click here to enter text. |
| Phone No. | Click here to enter text. | Phone No. | Click here to enter text. |
| Cell Phone | Click here to enter text. | Cell Phone | Click here to enter text. |
| Comment: Click here to enter text. | Comment: Click here to enter text. |

[ ]  ***I will undertake to advise the Service of any criminal convictions I may incur whilst employed by Home Support North Charitable Trust.***

[ ]  ***I confirm the information supplied is a true and accurate record. I authorise you to obtain from my nominated referees, information relevant to my employment*.**

Applicants Signature: Click here to enter text. Date: \_\_\_\_\_\_\_\_\_\_\_\_

**\*\*THIS INFORMATION IS CONFIDENTIAL TO OUR SERVICE.**