

# Pre-Employment Information Declaration

## Non-advertised fixed term appointments



*For staff who have not previously worked at Massey.*

Name

IRD number

### Health

**The following information is required to assist the University meet its obligations under the Health and Safety in Employment Act and the Accident Compensation Act 2001, and to assess your ability to do the job.**

Have you had an injury or medical condition caused by gradual process, disease or infection such as hearing loss, sensitivity to chemicals, repetitive strain injury, etc, which the tasks of this job may aggravate or contribute to? Yes No

*If yes, please give details:*

Have you had any medical conditions which may affect your ability to carry out effectively and safely, the functions and responsibilities of this position? (Please refer to the Job Description) Yes No

*If yes, please give details:*

**Note:** In some situations, further specific medical information relating to the requirements of the job will be needed therefore, before being offered employment you may be required to undertake a pre-employment medical examination and/or authorise the release of your relevant ACC claims history. In this case, a satisfactory report will be a condition of employment.

### Criminal and Traffic Convictions (Security) Check

**The first question below is subject to the provisions of the Criminal Records (Clean Slate) Act 2004. This Act gives eligible individuals the right in some circumstances, to withhold information about their convictions. To identify if you can withhold this information, please ensure you check with the Ministry of Justice.**

Have you been convicted of any offence against the law in New Zealand, or in any other country (including careless driving and drinking offences)? Yes No

*If yes, please give details:*

Do you have any criminal charges pending? Yes No

*If yes, please give details:*

### Conflicts of Interest

Do you have any urgent or potential conflicts of interest? e.g. Do you have a spouse, partner, relative or household member working in this University, or do you have any competing business interests? (Your response may be necessary to prevent potential conflicts of interest.) Yes No

*If yes, please give details:*

### DECLARATION

I, \_\_\_\_\_ (full name) declare that to the best of my knowledge, the answers to the questions in this document are correct. I understand that if any false information is given, or any material fact suppressed, I may not be employed, or if I am employed, I may be dismissed. I also understand that the information given in the Health Section of this form may be requested by ACC.

Signature \_\_\_\_\_

Date \_\_\_\_\_