



APPLICATION FOR EMPLOYMENT

Thank you for applying for a position at the Parliamentary Counsel Office (PCO).

We treat the information you let us have as confidential. It is made available only to those involved in the selection and appointment process.

For ease of processing and photocopying, please do not send CVs and applications bound, or in folders.

Please check that you have supplied all the information we have asked for.

SUBMITTING YOUR APPLICATION

Please send your completed application including:

- Covering Letter
- Application Form
- Curriculum Vitae

To: applications@pco.govt.nz

**Or: Vacancy
Parliamentary Counsel Office
PO Box 18 070
Wellington 6160**

To be received by vacancy close date

Note about this application form:

If you are using the PDF version of this form with an older PDF reader (an older version of Acrobat or similar) you may find that, while you can fill it out on screen, you cannot save it with your details included. You can instead print it, either before or after completing the form, and then scan or post your application.

APPLICATION FOR EMPLOYMENT

Position applied for:

Personal Details

First Name:

Family Name:

Postal Address:

Other Contact Details

Home Phone:

Leave message

Work Phone:

Don't leave message

Mobile Phone:

Email Address:

Curriculum Vitae (CV) Checklist

Please complete this form and return it with a covering letter of application and your CV for each position applied for.

Your CV should contain the following:

- Full employment history (most recent position first)
- Education, training, and qualifications that are relevant to the position
- Academic transcripts of tertiary qualifications
- Specific skills, strengths, competencies, and abilities relevant to the position
- Any other relevant information and details of experience
- Names of two referees.

Right to Work Status in New Zealand

- | | |
|--|--|
| <input type="checkbox"/> NZ Citizen | <input type="checkbox"/> Require but do not hold NZ Work Permit |
| <input type="checkbox"/> Permanent NZ Resident | <input type="checkbox"/> Hold NZ Work permit
Expiry date: _____ |
| <input type="checkbox"/> Australian Citizen | <input type="checkbox"/> Other / please specify _____ |

How did you hear about this vacancy?

Health

Have you ever suffered an injury, health problem, or medical condition that may affect your performance in the job applied for, for example back or OOS problems?

Yes No

If yes, how might the PCO accommodate your condition?

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Criminal Convictions

Have you been convicted of any offence, in New Zealand or overseas, within the last ten years? (Do not include minor traffic infringement notices such as parking offences)

Yes No

Do you have any criminal charges pending?

Yes No

If 'yes' for either question please give brief details:

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Conflicts of Interest

Do you have an interest in any matter which may conflict with the interests of the PCO or with your ability to serve the PCO in a fair, impartial, responsible, and trustworthy manner?

Yes No

If yes, please give brief details:

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Declaration

I certify that all the information I have provided in relation to my application is correct, and understand that if I have omitted important information or provided misleading information, I may be disqualified from further consideration, or, if appointed, may be liable to dismissal.

I give the PCO permission to contact the referees named in my CV, if required. I understand the PCO will inform me before it contacts them.

.....
Signature

...../...../.....
Date

External Checking

As part of its pre-employment assessment of applicants, the PCO completes a criminal convictions check through the Ministry of Justice. Depending on the role, the PCO may also conduct some or all of the following checks:

- Insolvency check
- Credit check
- Security check.

Information derived from these checks will be taken into account in considering your application. The PCO will let you know which checks are to be made before it asks for them.

I authorise the PCO to perform these pre-employment checks at its discretion.

.....
Signature

...../...../.....
Date