KILMARNOCK
unlocking potential

Expression of interest

Information

Full Name: _____ DOB: _____

Address: _____
Street Address

_____
Suburb and Town/City *Postcode*

Phone: _____ Email _____

Are you a New Zealand Citizen? YES ☐ NO ☐ If no, are you authorised to work in the NZ? YES ☐ NO ☐

Are you receiving assistance from Work and Income? YES ☐ NO ☐

If yes, are you receiving a Supported Living Benefit ☐ or Jobseekers Benefit ☐ ?

Do you have a Lifelinks assessment, and can we get a copy of that? _____

Do you live with your family ☐, or independently ☐, or in a residential environment with support ☐ ?

Caregiver's name (if applicable): _____ Phone: _____

Vaccination & Pandemic Requirements: Kilmarnock supports people with disabilities, many with underlying health conditions, which means we operate in a high-vulnerability environment. Because of this, ongoing employment may be conditional on meeting vaccination requirements during a health epidemic or pandemic, in line with legislation or Ministry of Health guidelines at the time. Any new requirement would follow consultation with staff. This condition is part of our standard employment agreement.
Were you vaccinated against COVID-19? YES ☐ NO ☐

Education

High School: _____ or Other: _____

From: _____ To: _____ Is this your last year at school? YES ☐ NO ☐ If no, _____

Previous Employment

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous employer for a reference? YES ☐ NO ☐

PLEASE SIGN DISCLAIMER OVERLEAF

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

Signature: _____ Date: _____

Please return the completed form via email: info@kilmarnock.co.nz

or mail to: **Kilmarnock Enterprises, 21 Lodestar Ave, Wigram, Christchurch 8042**