



ALTA SOLUTIONS

The Recruitment & Consulting Specialists
"TALENT, TEAMWORK & TECHNOLOGY"

REGISTERED NURSES APPLICATION FORM

PRINT, FILL DETAILS & SEND VIA EMAIL OR FAX TO +644-238-9000

Full Name: _____ Application Date: _____

Address: _____ Email Address: _____

Home Ph : _____ Mobile Ph: _____ Date of Birth: _____

Nursing Registration Number/s: _____ Registration Date of Issuance: _____

Country/ies of Nurse Registration: _____

Academic IELTS: (Reading): _____ (Writing): _____ (Speaking): _____ (Listening): _____

Do you have other pending overseas applications? Yes No If Yes, please provide details below when/what is its Status? _____

Do you have any past or current New Zealand application? Yes No If Yes, please provide details below with whom? _____ when/what is its Status? _____

POLICE & PROFESSIONAL CLEARANCE:

Have you ever been convicted of a criminal or professional offence? Yes No

Are you awaiting the hearing of charges for civil or criminal court of law? Yes No

Do you give permission for a background check by the police or a professional body, as required? Yes No

If No, please explain, why? _____

HEALTH & SAFETY:

Do you have any health condition or ever had an injury that may affect or limit your ability to effectively carry out the tasks and responsibilities of the position applied for? Yes No.

If yes, please provide details. _____

REFEREES & EMPLOYMENT HISTORY:

Most Recent or Current Employer: Date Employed From: _____ To: _____

Company Name: _____ Location: _____

Name: _____ Position Held: _____

Contact Phone Number(s): _____ Email: _____

Next Previous Employer or Others Referees: Date Employed From: _____ To: _____

Company Name: _____ Location: _____

Name: _____ Position Held: _____

Contact Phone Number(s): _____ Email: _____

DECLARATION:

In signing this declaration, I, _____ endorse that all information provided is true and correct in all respects, and understand that if any false information is given or material suppressed, my application may be declined, further processing be terminated forthwith, I may be dismissed by the client employer and appropriate action may be taken against me.

I commit and act in all honesty and fairness in the processing of my application. All information disclosed and presented to me by Alta Solutions will remain strictly confidential between Alta Solutions and me.

Signed: _____ Date: _____

Alta Solutions Limited

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Initial