

APPLICATION FOR EMPLOYMENT

Please complete this form personally, answering all questions. Sign and date the form. Attach a letter describing why you feel you could contribute to the organisation and this position.

| POSITION APPLIED FOR | | DATE | |
|--|-----|------|---------|
| | | | |
| PERSONAL INFORMATION | | | |
| Family Name: | | | |
| Given Names: | | | |
| Contact Address: | | | |
| Email Address: | | | |
| Contact Phone: | Day | | Evening |
| Have you reached the current school leaving age | | | Yes/No |
| Are you legally entitled to work in New Zealand? | | | Yes/No |
| As: | | | |
| A New Zealand citizen | | | Yes/No |
| A permanent resident | | | Yes/No |
| A holder of a current work permit | | | Yes/No |

| EDUCATION AND TRAINING | | |
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| <i>Schools and institutions attended</i> | <i>Dates</i> | <i>Courses taken and qualifications gained</i> |
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| Do you have any other qualifications/certificates/licenses or attended any courses? (Give details) |
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| Present or most recent employer | |
| Company: | |
| Address: | |
| Position Held: | |
| Main duties: | |
| No. of hours per week: | |
| Length of service: | |
| Reason for leaving: | |
| For the purposes of compliance with the Privacy Act 1993 do you consent to the company contacting your present employer for the purposes of reference checking | Yes/No |
| Next most recent employer | |
| Company: | |
| Address: | |
| Position Held: | |
| Main duties: | |
| No. of hours per week: | |
| Length of service: | |
| Reason for leaving: | |
| Next most recent employer | |
| Company: | |
| Address: | |
| Position Held: | |
| Main duties: | |
| No. of hours per week: | |
| Length of service: | |
| Reason for leaving: | |

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| Have you ever worked for this company or an associated company before? | Yes/No |
| If yes, where and when: | |
| Do you have secondary employment? | Yes/No |

If yes, please detail:

REFEREES

Give name, address and telephone numbers of at least two referees.

| <i>Name</i> | <i>Position</i> | <i>Address</i> | <i>Phone No.</i> |
|-------------|-----------------|----------------|------------------|
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I consent to the company seeking verbal or written information on a confidential basis about me from representatives of my previous employers and/or referees and authorise the information sought to be released by them to the company for the purposes of ascertaining my suitability for the position for which I am applying. I understand that the information received by the company is supplied in confidence as evaluative material and will not be disclosed to me.

Signature: Date:

GENERAL

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| Do you have any criminal convictions, not including any concealed under the Criminal Records (Clean Slate) Act? If yes, please detail: | Yes/No |
| Have you been the subject of a Diversion ordered by the courts? Are you awaiting the hearing of any criminal charges? If yes, please detail: | Yes/No Yes/No |
| Do you have a current drivers license? If yes, what classes? Drivers License no: | |
| Do you have any demerit points or endorsements? | Yes/No |
| Do you have any civil legal proceedings against you pending? If yes, please detail: | Yes/No |

| MEDICAL | |
|--|--------|
| Do you have any health related issues (including stress) that may impact on your ability to perform the tasks listed in the Job Description for the job that you are applying for? If yes, please detail: | Yes/No |
| If you are offered employment, the offer may be made subject to your obtaining a full medical clearance (by completion of medical examination) to assess your fitness for the job for which you are applying. | |
| Do you consent to undergo a medical examination if you are offered employment? | Yes/No |

| PRIVACY ACT CONSENT | |
|--|--------|
| Do you consent to the company retaining the information contained in this application form for the purposes of considering your suitability for any other position that may arise with this company in the future? | Yes/No |

| DECLARATION |
|---|
| <p>I (full name) declare that to the best of my knowledge the information provided in this application and in any resume enclosed is accurate and I understand that if any false or misleading information is given, or any material fact suppressed, I will not be employed, or if I am employed, my employment may be terminated. [I further understand that any offer of employment if made is conditional on my obtaining a full medical clearance]</p> <p>Signature: Date:</p> |