

If this application results in an employment arrangement it will form part of the Employment Agreement. This application is a source of information, which will assist the organisation in considering your suitability for the position for which you are applying.

If successful in obtaining employment the information will form part of your personnel records. Failure to supply the required information may prejudice the organisation’s ability to determine your suitability for the position. You are entitled to access this information upon request.

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| What position are you applying for? |  |
| Where did you see the position advertised? |  |

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| **Personal Information** | | | | | | | | |
| First Name |  | | | Surname | |  | | |
| Address |  | | | | | | | |
| Phone | Home: |  | Work: | |  | | Mobile: |  |
| Email |  | | | | | | | |
| Note: A copy of your Passport / Drivers Licence will be required if employment is offered to you | | | | | | | | |

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| **Education** | | |
| School/Tech Institute/ University | Dates Attended | Qualifications Obtained |
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| **Qualifications and Experience** | | | |
| Do you have any relevant qualifications? | | Yes | No |
| If Yes, please give details |  | | |
|  | | | |
| Please describe your knowledge/skills and experience which may be relevant to the position. | | | |
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| **Referees to contact** | **Relationship to you** | **Phone Number** |
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| **Health Issues** | | | |
| Do you have any health conditions, which may affect your ability to work? | | Yes | No |
| If Yes, please give details |  | | |
| Have you suffered any injury or illness that may affect your ability to effectively carry out the physical requirements and responsibilities of the position e.g. back injury, carpel tunnel, tennis elbow or other repetitive strain injury? | | Yes | No |
| If Yes, please give details |  | | |
| Are you on any medication which may affect your performance in the role? | | Yes | No |
| If Yes, please give details |  | | |

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| **Drivers Licence** | | | | |
| Do you hold a current full New Zealand Drivers Licence? | | | Yes | No |
| If Yes, number |  | Class |  | |
| Expiry Date |  | No. of Demerit Points |  | |
| Has your Drivers Licence been cancelled in the last five years? | | | Yes | No |
| If Yes, please provide details | | | | |
| Is there any matter pending which could affect the status of your Drivers Licence? | | | Yes | No |

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| **General** | | | | | |
| Have you had any criminal convictions within the last 5 years? | | | | Yes | No |
| If Yes, please give details | |  | | | |
| Are you currently awaiting the hearing of any criminal charges? | | | | Yes | No |
| Are you a New Zealand Citizen? | | | | Yes | No |
| If No, are you a permanent resident in New Zealand? | | | | Yes | No |
| If No, do you have a work permit? | | | | Yes | No |
| If Yes, when does this expire? |  | | | | |
| Are you available to work flexible hours if required? | | | | Yes | No |
| If your application is successful when could you start work? | | |  | | |

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| **Declaration:** I, | (full name) | | | |
| 1. Declare that the answers in the application are true and correct and I understand that the information requested within this application form is sought to establish my suitability for the position and that if I do not provide such information then this application may be rejected. 2. Authorise any screening processes that name of organisation sees fit. I understand this process may include employer references and checking of criminal and medical records. 3. I consent to name of organisation seeking information from my previous employer and/or referees and authorise this release. I understand that the information received by the organisation is supplied in confidence as evaluative information, and as such will not be disclosed to me. 4. Note that any offer of employment does not constitute an employment agreement until a separate agreement has been evidenced in writing and signed by name of organisation and myself. 5. Am not aware of any personal circumstance, medical condition or disability that would limit my ability to adequately perform the role for which I seek appointment. 6. Accept that, should my application be successful, the foregoing information will form part of my contract of employment and falsification of any information is grounds for dismissal. 7. By returning this application electronically it is acknowledged that I fully agree with the above declaration. Applicants invited to an interview will be required to sign this declaration | | | | |
| Signature: | |  | Date: |  |