



APPLICATION FOR EMPLOYMENT FORM

Attached is an application for employment form, which you are requested to complete, personally.

The application form is a source of information, which will be used by the Employer to assist us when considering your suitability for the position for which you are applying. If successful, such information shall form part of our personnel records. Failure to supply the information requested would prejudice our ability to assess your suitability.

You are entitled to have access to this information upon request to:

_____ who is the Privacy Officer.

This information is currently held at:

Name of Organisation: _____

Address: _____

Information relating to unsuccessful applicants shall be retained for a period of not more than 12 months.

The above information is provided in accordance with the Privacy Act 1993.

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Note: The completion of this form does not indicate that there is any obligation on the company to engage the applicant.

PURPOSE

This information is collected for the purpose of assessing your suitability for employment with the company.

Do you consent to us retaining the information provided on this application for the purposes of considering your suitability for any other position which may arise with us in the future? Yes/No (please circle)

Please Print: _____

Position applied for: _____

APPLICANTS DETAILS

Mr Mrs Miss Ms (circle preferred title)

Surname: _____

First Name: _____

Preferred Name: _____

Are you known by any other name(s)? Yes/No (please circle)

If yes give details: _____

CONTACT DETAILS

Home Address: _____

Suburb & Town: _____

Telephone Home Phone No.: _____

Work Phone No.: _____

Cellphone No.: _____

EMERGENCY CONTACT PERSON

Name, phone number and address of person you would like us to notify in an emergency situation:

Name: _____

Address: _____

Phone No.: _____

Mobile No: _____

RESIDENT STATUS

Are you a citizen of New Zealand? Yes/No (please circle)

If no, do you have the right of permanent residence? Yes/No (please circle)

If no, do you have a work permit (production of a passport is required for verification)?
Yes/No (please circle)

EDUCATION

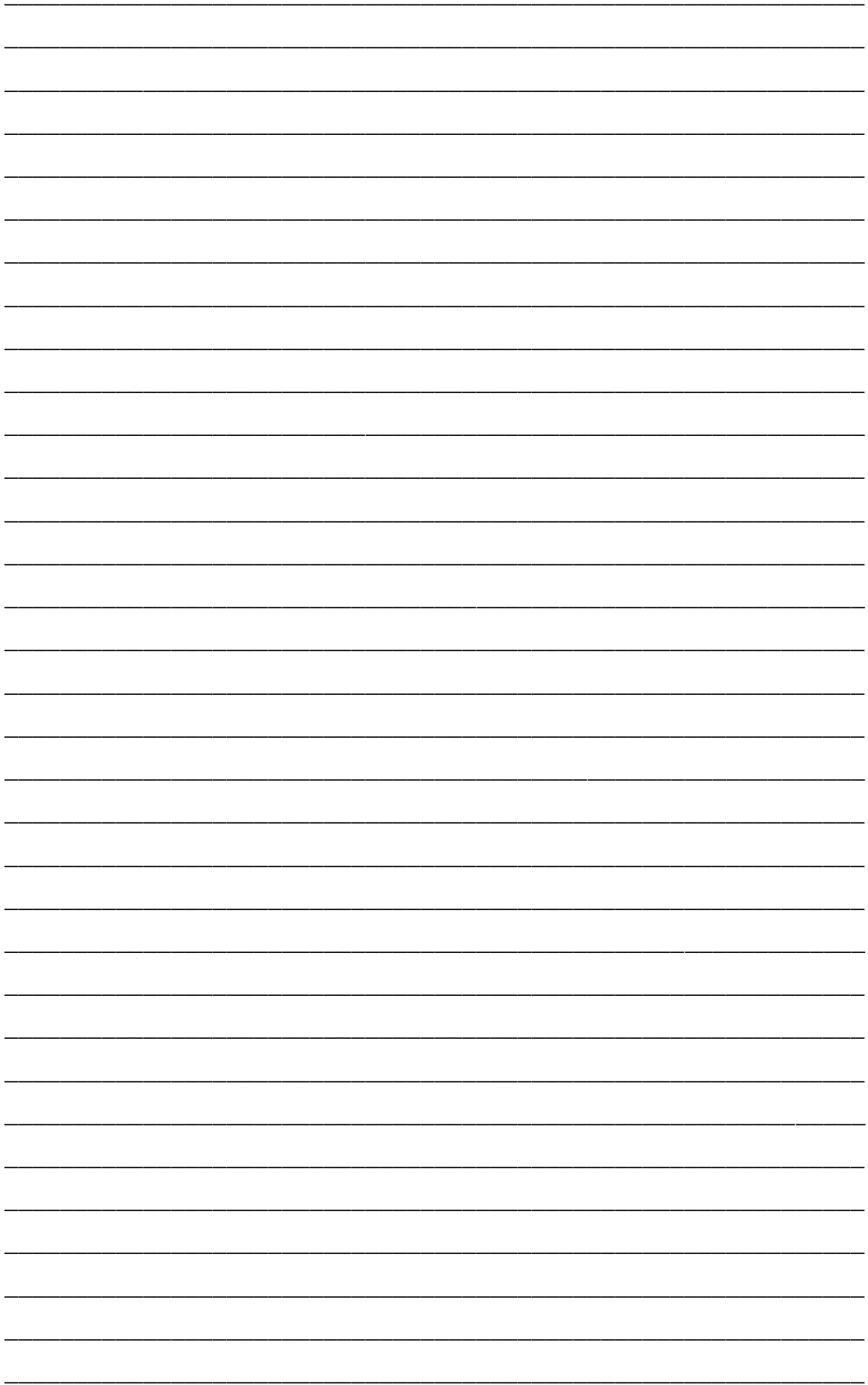
Name of secondary school(s) attended from _____ to _____

Qualifications (School Certificate, NCEA, University Entrance subjects?)

Other Qualifications: (including University qualifications, certificates, licences or courses.)

Languages: Can you speak any language other than English? Yes/no (please circle)

If yes give details: _____



Present or Most Recent Employer

From _____ to _____

Company/Organisation: _____

Address: _____

Job Held: _____

Main Duties: _____

No. of Hours worked per week: _____

Reason for leaving: _____

Next Most Recent Employer

From _____ to _____

Company/Organisation: _____

Address: _____

Job Held: _____

Main Duties: _____

No. of Hours worked per week: _____

Reason for leaving: _____

Give details of any other job which may be relevant:

Have you ever worked for us before? Yes/No (please circle)

If yes, where/when and in what role?

Do you have secondary employment? Yes/No (please circle)

If yes, please give details

Where do you think your main talents lie?

REFEREES

Give name, address and telephone numbers of at least two referees. (Preferably from where you have worked).

First referee:

Second referee:

If your application is accepted when could you commence employment?

I consent to an authorised representative of the company seeking verbal or written information about me from representatives of my previous employers and/or referees and authorise the information sought to be released. Yes/No (please circle)

If yes,

Date _____ Signature _____

**AUTHORITY TO COMPLETE A CREDIT CHECK
(only to be completed by applicants applying for positions with significant financial risk)
Privacy Act 1993**

The applicant authorises the company to:

1. collect, retain and use any information about the applicant, for the purpose of assessing the applicants creditworthiness within a position of significant financial risk; and
2. to disclose information about the applicant, whether collected by the company from the applicant directly or obtained by the Company from any other source, to any other credit provider or any credit reporting agency for the purposes of providing or obtaining a credit reference.

Where the applicant is an individual the authorities above are authorities or consents for the purposes of the Privacy Act 1993.

The applicant shall have the right to request the company for a copy of the information about the applicant retained by the company and the right to request the company to correct any incorrect information about the applicant held by the company.

GENERAL

Please circle applicable answer

Are you prepared to work shifts if required to do so? Yes/No

Are you prepared to work overtime if required? Yes/No

Are you prepared to work weekends if required? Yes/No

Subject to the provision of the Criminal Records (Clean Slate) Act 2004: -

Are you awaiting the hearing of charges in a civil or criminal court of law on charges that may affect your application for this position? Yes/No

Have you ever been convicted of a charge in a court of law that may be viewed by us as having an effect on your application for this position? Yes/No

DRIVERS LICENCE

Do you have a current driver's licence? Yes/No

If yes, what class/classes?

Driver's Licence Number

Do you have any demerit points or endorsements? Yes/No

If yes, please detail

What transport arrangements do you have to attend your place of employment?

HOBBIES/INTERESTS

What are your interests/hobbies/sports/clubs or community activities?

Are you at present receiving medical treatment and/or medication that may affect your ability to effectively perform the employment duties pertaining to the employment position applied for? Yes/No

If yes, please detail

DECLARATION

I, _____ (full name) declare that to the best of my knowledge the information supplied in this application and in any curriculum vitae and/or resume provided is correct and I understand that if any false or deliberately misleading information is given, or any material fact suppressed, I will not be accepted for employment with the company or if I am employed, my employment will be terminated. I also understand that any false information given in relation to my medical details and/or medical history may result in my loss of entitlement for any compensation from ACC.

I understand that as part of my application for this position I am to complete the Request for Personal Information Form attached to this Application for Employment Form.

SIGNED

(Applicant's Signature)

(Print or type Applicant's Name)

(Date)

WITNESS SIGNATURE

SIGNED

(Witness Signature)

(Print or type Witness's Name)

(Witness Occupation)

(Witness Address)

(Date)

