

Application For Employment

Application to be completed in applicant's own handwriting – please print

Position Applied for _____
Work Required ☐ Full Time ☐ Part Time ☐ Casual
Please tick days available ☐ Mon ☐ Tues ☐ Wed ☐ Thurs ☐ Fri ☐ Sat ☐ Sun

Personal Information

Full Name _____
Address _____

Phone (Day) _____ Night _____
Do you have a current driver's licence? ☐ Yes ☐ No
Class and Number _____

Health and Physical Particulars

Have you ever suffered any type of personal injury caused by a work-related gradual process, disease, or infection?

- ☐ Yes
☐ No

Have you ever had any condition, which is likely to contribute to a work-related gradual process, disease, or infection?

- ☐ Yes
☐ No

Have you ever had any serious illness, operation or accident, or condition that could hamper your work in this position?

- ☐ Yes
☐ No

If yes, please specify

Qualifications (Certificated to be supplied)

Have you been **charged** with any offences in the last 5 years?

If yes, please provide details:

Do you have **any** legal proceeding?

If yes, please provide details:

Are you legally entitled to work in New Zealand?

☐ Yes

☐ No

Do you have a work permit?

Work permits or evidence of authority to work in New Zealand may be requested.

☐ Yes

☐ No

If yes, when does it expire? _____

Please supply the names and telephone numbers of at least two Referees

Please provide details of last Employer and at least one previous Employer:

Employment Record: ALL prior positions must be listed

Last or Present Position _____
Employer _____
Nature of Work _____ From _____ To _____
Reason for leaving _____

Previous Employer _____
Employer _____
Nature of Work _____ From _____ To _____
Reason for leaving _____

Previous Employer _____
Employer _____
Nature of Work _____ From _____ To _____
Reason for leaving _____

Previous Employer _____
Employer _____
Nature of Work _____ From _____ To _____
Reason for leaving _____

Applicants Declaration

I CERTIFY that the above information is true and correct and authorise investigation of all information contained herein for the purpose of ascertaining my suitability for employment, including conducting credit and criminal record checks through the appropriate authorities and contacting referees and previous employers. I understand that if I have given false or misleading information or if I have left out any important information, I may not be considered for appointment. If I am appointed before any inaccuracies on this form are discovered, my employment may be terminated. I understand that in some situations, providing false information may amount to an offence under the Crimes Act. I understand that if I accept employment I will be required to sign an Employment Agreement. If appointed, I agree to observe all rules, policies and procedures issued by the Employer/ Business.

Applicant's Signature _____ Date: _____