

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 _____

Telephone _____

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 injury, 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 (Certificates 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 proceedings pending? If 'yes', please provide details:

Are you legally entitled to work in New Zealand? Yes ☐ No ☐

Do you have a work permit? Yes ☐ No ☐ **If yes when does this expire?**

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

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

Application for Employment Form - Add your Clinic/Spa Name here

Please provide 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 _____

Nature of work _____ **From** _____ **To** _____

Reason for leaving _____

Previous Employer _____

Nature of work _____ **From** _____ **To** _____

Reason for leaving _____

APPLICANT'S 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:** _____