



Application for Employment

Confidential

Position Applied for: _____ Date: _____

Branch: Tauranga/ Hamilton/ Taupo/Other: _____
Please circle preference.

PERSONAL DETAILS

Surname (Mr/Mrs/Miss/Ms): _____

First Name(s): _____ Preferred Name: _____

Address: _____
Unit / Street

Suburb _____

Postcode _____ Region _____

Telephone No's: Home _____ Cell _____

Email _____

Car Owner: Yes No Driver's Licence: Yes No

Drivers Licence No: _____ Licence Class? _____

Any endorsements? _____

AVAILABILITY

Date Available from: _____ Ideal Hourly Rate: _____

What hours and days of work are you ideally looking for? _____

SKILLS and QUALIFICATIONS

Please list the skills that you feel are relevant to the type of work you are applying for.

EMPLOYMENT HISTORY *(can be provided in curriculum vitae) Please provide us with at least 5 – 7 years history)*

LAST OR PRESENT EMPLOYER/COMPANY: _____

Position held: _____ From: _____/_____/____ to _____/_____/____
DD MM YYYY DD MM YYYY

Managers Name: _____ Manager Contact Number: _____

Reason for Leaving: _____

PREVIOUS EMPLOYER/ COMPANY _____

Position held: _____ From: _____/_____/_____ to _____/_____/_____

DD MM YYYY DD MM YYYY

Managers Name: _____ Manager Contact Number: _____

Reason for Leaving: _____

PREVIOUS EMPLOYER/ COMPANY _____

Position held: _____ From: _____/_____/_____ to _____/_____/_____

DD MM YYYY DD MM YYYY

Managers Name: _____ Manager Contact Number: _____

Reason for Leaving: _____

REFEREES

Referee Name

Contact Number

Company / Employer

Referee position/ working relationship (e.g. Supervisor)

Please nominate THREE referees who can verify your knowledge/skills/experience. Referees may be contacted at any time after the short-listing stage.

PROOF OF IDENTITY AND RIGHT TO WORK IN NZ

Are you a New Zealand Citizen: Yes No

If not, do you have current resident status? Or Yes No

Do you need a work permit to work in New Zealand? Yes No
(Please produce current permit if necessary)

MEDICAL

Do you have any medical condition or are you taking any medication which might affect your ability to safely perform the job for which you are applying, or which might affect the safety of others? Yes No *(if yes, please specify)* _____

Are there any other problems or circumstances, including any pre-existing injury or condition, which might affect or inhibit your ability to meet the requirements or demands of the position? Yes No *(if yes, please specify)* _____

GENERAL

Do you currently hold BESS certification? Yes No

Do you consent to inquiries being made as to the accuracy of the information in this application form and in your curriculum vitae e.g.: driver's licence check, qualification check? Yes No

Have you been dismissed from any previous employment? Yes No *(if yes, please specify)* _____

CRIMINAL CONVICTIONS

Have you been convicted of any criminal offence (other than those which you may lawfully conceal under the provisions of the Criminal Records (Clean Slate) Act 2004)? Yes No (if yes, please specify) _____

Do you have any criminal charges pending? Yes No (if yes, please specify) _____

DECLARATION AND CONSENT

I agree that my previous employers may be contacted as referees. However, my current employer will not be contacted without my express consent beforehand.

I agree to my current driver's licence and endorsement status being checked using the NZTA online TORO Database.

I agree that if shortlisted, I will undertake any pre-employment testing, including but not limited to screening for Drugs and/or alcohol.

I certify that the above information is true and correct and completed to the best of my knowledge and belief. I acknowledge that my answers will be relied on by the employer as part of any decision to employ, and that if I give misleading or false answers or knowingly withheld information my employment may be terminated. I understand that this application does not constitute an offer of employment.

I certify that I have personally completed this form.

SIGNATURE DATE