

EMPLOYMENT APPLICATION FORM

PLEASE PRINT

CONFIDENTIAL

To be completed personally by Applicant

Date of Application: _____

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

POSITION APPLIED FOR: _____

PERSONAL DETAILS

YOUR NAME: Mr. / Mrs. / Miss

SURNAME: _____

GIVEN NAME: _____

ADDRESS: _____

TELEPHONE: (Home) _____

(Work) _____

DATE OF BIRTH: _____

STATUS:	Are you a Permanent Resident of New Zealand ?	Yes / No
	If no, do you have a work permit	
	(Production of a passport is required for verification)?	Yes / No
	Are you an assisted immigrant under bond to the	
	Government or any other employer?	Yes /No

LANGUAGES: Can you speak any language other than English ?

Language (S): _____

Please describe the skill you hold which are relevant to the position applied for
(e.g. for Hospitality, Customer Service, Cash Handling, Eftpos etc.)

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QUALIFICATIONS

Do you hold Food Handling Certificate Unit 167? Y / N
Do you have Manager's Certificate? Y / N

EDUCATION:

What is your highest qualification?

At which education facility did you gain this qualification?

EMPLOYMENT HISTORY

Present or Most Recent Employer From: _____ **To:** _____

Company: _____

Address: _____

Job Held: _____

Main Duties: _____

No. of hours worked per week: _____

Reason for leaving: _____

For the purpose of compliance with the Privacy Act 1993, do you consent to the Company contacting your present employer for the purposes of reference checking ? Yes / No

Next Most Recent Employer From: _____ **To:** _____

Company: _____

Address: _____

Job Held: _____

Main Duties: _____

No. Of hours worked per week: _____

Reason for leaving: _____

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GENERAL

If your application is accepted, when could you commence employment ? _____

What days can you work ? _____

What hours can you work ? _____

Are you prepared to work extra hours if required ? Yes / No

Have you been convicted of a criminal offense ? Yes / No

Are you awaiting the hearing of charges in a civil or criminal court of law ? Yes / No

Are you prepared to handle all products, materials or equipment used in this Industry ? Yes / No

Do you hold a current drivers license ? Yes / No

If yes, what class ? _____

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

If yes, please detail: _____

What transport arrangements do you have to get to and from work ? _____

MEDICAL

Do you smoke ? Yes / No

Are you allergic to or have any sensitivity to any substances or chemicals ? Yes / No

State any injury or illness you have suffered that may affect your ability to effectively carry out the function and responsibilities of the position applied for:

Do you have any other known condition, which may affect your ability to effectively carry out the function and responsibilities of the position applied for ? Yes / No

If yes, please detail: _____

Do you have any known condition which might put customers or staff at risk? Yes / No

If yes, please detail: _____

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SECONDARY EMPLOYMENT

Do you have secondary employment ?

Yes / No

If yes, please give details: _____

REFEREES

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

I consent to the Company seeking verbal or written information about me from representatives of my previous employers and / or referees and authorize the information sought, to be released.

Yes / No

If yes: _____ (signature) Date: _____

Do you consent to the Company retaining the information contained in this application from for the purposes of considering your suitability for any other position, which may arise with this Company in the future ?

Yes / No

DECLARATION

I (Full name) : _____

Declare that to the best of my knowledge the answers in this application are correct and I understand that if any false or deliberately misleading information is given, or any material fact suppressed, I will not be accepted, or if employed, my employment will be terminated.

Signed: _____ Date: _____