



**EMPLOYMENT APPLICATION FORM**

**SECTION 1 – PERSONAL INFORMATION**

First Name: \_\_\_\_\_ Family (Surname): \_\_\_\_\_

If you are known by any other name, please record it here: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ IRD Number: \_\_\_\_\_

Mobile Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

**SECTION 2 – EDUCATION**

Education Organisation	Qualification Received	Year Completed
<i>Eg. Secondary School</i>	<i>NCEA Level 2</i>	<i>2007</i>

Do you have any other qualifications that may be relevant to the position you are applying for?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SECTION 3 – EMPLOYMENT HISTORY**

Please list your most recent employer first.

**Current Employer:** \_\_\_\_\_ Town/City: \_\_\_\_\_

Length of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_ Position Held: \_\_\_\_\_

Nature of Work: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**Previous Employer:** \_\_\_\_\_ Town/City: \_\_\_\_\_

Length of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_ Position Held: \_\_\_\_\_

Nature of Work: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**Previous Employer:** \_\_\_\_\_ Town/City: \_\_\_\_\_

Length of Employment: From: \_\_\_\_\_ To: \_\_\_\_\_ Position Held: \_\_\_\_\_

Nature of Work: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

## SECTION 4 – REFEREES

Please list three work related references whom we may contact for a reference

Referee Name: \_\_\_\_\_ Referees Position: \_\_\_\_\_

Company Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Referee Name: \_\_\_\_\_ Referees Position: \_\_\_\_\_

Company Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Referee Name: \_\_\_\_\_ Referees Position: \_\_\_\_\_

Company Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

I hereby authorise the above referees and employers to provide written and verbal information about me in the form of personal and employment related references.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## SECTION 5 – CRIMINAL CONVICTIONS

The Criminal Records (Clean Slate Act 2004) came into effect on 29 November 2004. This allows people to conceal those convictions, so long as you:

- Have not been sentenced to a custodial sentence this includes corrective training and home detention
- Have not been committed to a mental hospital in place of a sentence of imprisonment
- Have not been convicted of a specified offence (sexual offences)
- Have no fines or reparation payments outstanding
- Have not been indefinitely suspended from driving
- Have not been convicted in the previous 7 years

Have you ever been convicted of a criminal offence excluding any conviction concealed under the Criminal Records (Clean Slate) Act 2004?  
If yes please give details:

\_\_\_\_\_

Have you ever been placed on a Police Diversion Programme? If yes please give details

\_\_\_\_\_

Are you waiting the hearing of any charges in any Civil or Criminal Court of law? If yes please give details

\_\_\_\_\_

Do you hold a current Full Drivers Licence? Yes / No Class: \_\_\_\_\_

Drivers Licence No: \_\_\_\_\_ Special Conditions: \_\_\_\_\_

Do you have any cases pending that may affect your licence? \_\_\_\_\_

## SECTION 6 – IMMIGRATION

New Zealand Immigration Legislation limits employment in New Zealand to New Zealand Citizens, Residents and holders of Current work permits.

Are you a citizen or resident of New Zealand?  Yes  No

If No, do you hold a current work permit?  Yes  No

Copy of current work permit is attached?  Yes  No

*Evidence of Eligibility for Employment in New Zealand will be required prior to any offer of employment*

## SECTION 7 – OCCUPATIONAL HEALTH

Do you suffer from any injury, ailment or condition which may affect your performance or regular attendance at work, or which may adversely affect the health and safety of yourself or others? If so, please give details:

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Are you presently receiving medical treatment, or under medication which may adversely affect your performance or regular attendance? If yes please give details:

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Have you been absent from work (other than for annual holidays) at any time during the past 2 years? If yes please state reason and duration of absence?

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Have you ever suffered any back injury or back strain?  Yes  No

Have you ever suffered from any overuse injuries eg. RSI or OOS?  Yes  No

How many days absence due to sickness have you claimed in the last 12 months of employment?

0-2  3-5  6-10  11-15  16-20  Over 20

Are you allergic to, or have sensitivity to any substances or chemicals? (For example, soap powders, cleaning materials etc.) If so, please give details

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## SECTION 8 – DECLARATION

I, (*Job Applicants full name*) \_\_\_\_\_ hereby declare that to the best of my knowledge, the answers I have given to all sections 1-7 of this Application for Employment Form are true and correct. I understand that if any false information is given, or any material fact suppressed, I may not be accepted for employment, or if I am employed, the Employer may justifiably dismiss me at any time on these grounds. I also understand that any false information given in Section 7 Occupational Health Medical portion of this form, may result in my loss of entitlement for any form of employer-related compensation for injury or medical condition by gradual process injury, disease or infection that may be aggravated or contributed to by any tasks that I may be called upon to perform for the Employer.

Job Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_