

**APPLICATION FOR EMPLOYMENT**

**NOTES**

- To be completed personally by the applicant.
- The completion of this form does not indicate any obligation on this employer to engage the applicant.
- Do you consent under the Privacy Act 1993, to this employer contacting your existing/former employers or referees and retaining this information on file for this employer's exclusive use?  
YES/NO
- You may attach any other information to this form which you consider relevant e.g. curriculum vitae qualification certificates etc.  
List items attached - Curriculum vitae

- \_\_\_\_\_  
- \_\_\_\_\_

1. **POSITION APPLIED FOR** \_\_\_\_\_

Available start date \_\_\_\_\_

2. **APPLICANTS NAME**

Surname \_\_\_\_\_

Given Names \_\_\_\_\_

Specify any other name known by \_\_\_\_\_

3. **APPLICANTS ADDRESS**

Number and Street \_\_\_\_\_

Suburb and Town \_\_\_\_\_

Telephone Number \_\_\_\_\_

**Person to contact in event of an accident or emergency**

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone number \_\_\_\_\_

4. **EMPLOYMENT STATUS**

Are you legally entitled to work in New Zealand?

YES/NO

If not a NZ citizen or permanent resident, attach copy of appropriate documents eg, NZ work permit.



5. **EDUCATION (If more space is needed please attach additional pages)**

**School**

Secondary School attended \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_

Qualification(s) \_\_\_\_\_

**Tertiary Education**

Name of University or Polytechnic attended \_\_\_\_\_

From \_\_\_\_\_ to \_\_\_\_\_

Qualification(s) \_\_\_\_\_

**Trade Qualification**

Qualification attained \_\_\_\_\_

Started \_\_\_\_\_ Finished \_\_\_\_\_

Employer worked for during training if applicable \_\_\_\_\_

Or training organisation that trained you \_\_\_\_\_

**Other Qualification(s)**

Qualification attained \_\_\_\_\_

Started \_\_\_\_\_ Finished \_\_\_\_\_

Employer worked for during training if applicable \_\_\_\_\_

Or training organisation that trained you \_\_\_\_\_

6. **EMPLOYMENT HISTORY**

**Present or most recent Employer** \_\_\_\_\_

Address \_\_\_\_\_

Telephone number \_\_\_\_\_

Position held by applicant \_\_\_\_\_

Main duties \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Employer contact \_\_\_\_\_

**Next most recent Employer**

Address \_\_\_\_\_

Telephone number \_\_\_\_\_

Position held by applicant \_\_\_\_\_

Main duties \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Employer contact \_\_\_\_\_

7. **REFEREES** specify at least two referees

Name \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Telephone \_\_\_\_\_ Telephone \_\_\_\_\_

8. **GENERAL**

Other than the provisions of the Criminal Records (Clean Slate) Act 2004, have you been convicted of a criminal offence? (Please check your rights on disclosure under the Criminal Records (Clean Slate) Act 2004 before answering this question).

YES/NO

Please add your signature after this question if you consent to the Department of Courts releasing such information to this employer?

\_\_\_\_\_

Are you awaiting the hearing of charges in a civil or criminal Court of Law? YES/NO

Do you have a current drivers licence? YES/NO

If yes, what class:

Drivers Licence No:

Do you have any demerit points or endorsements? YES/NO

If yes, please detail:

Are you a member of any territorial force unit? YES/NO

If so, have you completed whole time training? YES/NO

What are your interests/hobbies/sports/clubs or community activities \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have secondary employment?

YES/NO

If yes, please detail

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Is there any impediment to you travelling away or working additional hours, shifts or on weekends or public holidays?

YES/NO

If yes, please detail

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9. **MEDICAL**

Do you have any allergies, or do you have a sensitivity to any substance or chemicals?  
YES/NO/SPECIFY

Have you had an injury or medical condition caused by gradual process, disease, or infection arising out of work that may be aggravated or further contributed to by the tasks of this position?

YES/NO/SPECIFY

Do you have any back or back related injuries that could inhibit your ability to undertake lifting and bending type work?  
YES/NO/SPECIFY

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

Do you have any other known condition which may affect your ability to effectively carry out the functions and responsibilities of the position applied for? YES/NO

If yes, please detail

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Do you Smoke? YES/NO  
(All of our work place is a smoke free area, smoking can transfer viruses from tobacco to plant crops)

10. **DECLARATION**

I \_\_\_\_\_ (full name) declare that to the best of my knowledge the answers given in this application are complete and correct, and that the information provided in my curriculum vitae is correct. If I am employed before the results of my court check are available, I understand that my employment may be terminated if the court check reveals information that makes me an unsuitable employee. I understand that if I have supplied any false or deliberately misleading information, or if I have suppressed any material information, I may not be offered the position applied for, or if employed, my employment may be terminated.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_