

APPLICATION FOR EMPLOYMENT FORM

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 Company to engage the applicant.

Please answer the following questions in relation to your application for employment, which will assist us to assess your suitability for the position. The questions being asked are relevant to the nature and type of work undertaken in our workplace and comply with the rights and obligations under legislation, including the Immigration Act 2009, the Health and Safety at Work Act 2015, the Human Rights Act 1993. The information will be used by us to assess you for this purpose only.

Section one: GENERAL DETAILS

(Please Print)

POSITION applied for: _____ **Date:** _____

Personal Details

Surname: _____

Forenames: _____

Home Address: _____

Home Phone No: _____

Mobile: _____

Email: _____

Date of Birth: _____

Ethnicity: _____

Do you hold a current Drivers Licence? Yes No

Next of Kin: _____

Contact Details for Next of Kin: _____

Section Two: QUALIFICATIONS AND EMPLOYMENT HISTORY

EDUCATION:

Qualifications including tertiary institute grades or trade qualifications. Please provide copies where applicable.

Qualification	Length of Study (give dates)	Relevant Papers/Subjects

List any other relevant training that you have completed:

Course	Length of Study (give dates)	Description

Provide details of your present and previous employment. Please complete in full.

Name and Address of Employer	From date to date	Position and Main Duties	Reason for leaving	May we contact this employer for a reference?	
				Yes	No
				Yes	No
				Yes	No
				Yes	No
				Yes	No
				Yes	No

(Please continue on a separate sheet of paper if necessary, and attach to this application form)

Have you ever been dismissed, or resigned as an alternative to being dismissed in previous employment? **Yes / No**

⇒ If yes, please give details:

Section Three: LEGAL REQUIREMENTS

Are you legally entitled to work in NZ?

Yes / No

⇒ If yes, are you legally entitled to work because:

(a) You are a NZ Citizen? **Yes / No**

(b) You have a Work Visa? **Yes / No**

(c) Other? (Please explain) _____

If yes to (b), please attach a copy of your work visa with this application:

Expiry Date of Work Visa: _____

Section Four: DISABILITIES OR MEDICAL CONDITIONS

MEDICAL:

Are you allergic to, or have any sensitivity to any substances or chemicals
E.g. latex, sprays? **Yes** **No**

Have you ever suffered from a manual handling or back injury requiring
time off work? **Yes** **No**

If yes, please detail:

Do you know of any other reason that would prevent you from performing the role that you have
applied for (Mental health, responsibility for others that may affect reliability)?

Would you consent to the release of your ACC history to us, if required? **Yes** **No**

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

If yes please detail:

Have you ever had 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 or impact on the company, its business or staff? **Yes** **No**

If yes please detail:

Declaration and Acknowledgement

This information is being collected to enable us to assess your suitability for this position and will be used for this purpose only. If you fail or refuse to provide the information requested, then your application may be rejected. If you provide false or inaccurate information, this will be considered serious misconduct and may result in dismissal should you be employed by us. Please also note that any false information given in Section Four, entitled Disabilities or Medical Conditions, may result in your loss of entitlement to earnings related compensation.

I.....(full name) declare that to the best of my knowledge the information that I have provided is accurate, and complete, and I have not withheld any information which may have a bearing or any relevance to my application.

Signature:

Date:

CONSENT TO CONTACT REFEREES FORM:

Applicant Name

Signature:

Date:

I.....(full name) consent to _____ or its representative seeking verbal or written information on a confidential basis about me from representatives of my previous employers and/or referees and authorise the information sought to be released by them to the company for the purposes of ascertaining my suitability for the position I am applying for. I understand that the information received by the company is supplied in confidence and as evaluative material and will not be disclosed to me.

Name:



Current Position:

Relationship

Company:

Contact numbers (day)
..... (Mobile or evening number if appropriate)

Email

Name:

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