

EMPLOYMENT APPLICATION FORM

- ▲ *To be completed personally by Applicant*
- ▲ *The information provided on this application form will be treated in strict confidence observing the guidelines of the Privacy Act 1993*
- ▲ *The completion of this form does not indicate that there is any obligation on the organisation to engage the applicant.*
- ▲ *If you do not understand, or are unsure about the meaning of any question, please ask the interviewer for more information.*

PERSONAL DETAILS

First Name:	Family Name:
Preferred Name:	If known by any other names, please stipulate:
Postal Address:	Street Address:
Work Number:	Home Number:
Mobile Number:	E-mail Address:
Position Applied for:	Permanent / Casual

EMPLOYMENT STATUS

Have you ever worked for this Company before? YES / NO

If yes, where and when: _____

If offered the job you are applying for, will you concurrently hold any secondary jobs? YES / NO

If yes, please provide details:

LEGAL STATUS

Have you ever been convicted of any offence against the law? YES / NO

If yes, please provide details of criminal conviction(s):

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

RESIDENCY

I am legally entitled to work in New Zealand by virtue of being a citizen or permanent resident of New Zealand, YES / NO

Or by having a current work permit. YES / NO
If relevant – expiry date of work permit is: _____

I give consent to Connect Supporting Recovery to check my immigration status through Immigration New Zealand. YES / NO

Passport Nationality: _____ Passport Number: _____

EDUCATION

Secondary School / Tertiary Institution	Dates Attended	Qualification Gained (Subjects)

LANGUAGES – can you speak any language(s) other than English?

RELEVANT SKILLS

Please describe the skills you hold which are relevant to the position applied for (e.g. for a typist: typing speed, word processing capability, shorthand capability, etc).

EMPLOYMENT HISTORY

Present or most recent Employer:

From _____ To _____ No. of hours worked per week: _____

Company: _____ Position: _____

Address: _____

Main Duties: _____

Reason for leaving: _____

Next most recent employer:

From _____ To _____ No. of hours worked per week: _____

Company: _____ Position: _____

Address: _____

Main Duties: _____

Reason for leaving: _____

Next most recent employer:

From _____ To _____ No. of hours worked per week: _____

Company: _____ Position: _____

Address: _____

Main Duties: _____

Reason for leaving: _____

Give details of any other job, which may be relevant: _____

GENERAL

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

Are you prepared to work overtime if required? YES / NO

Are you prepared to handle all products, materials or equipment used in this industry? YES / NO

Do you have a current driver's licence? Full / Restricted / Learner (please circle) YES / NO

Driver's Licence Number: _____

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

If yes, please detail: _____

Do you have insurance for your vehicle? Full / Third Party / None (please circle) YES / NO

What are your interests / hobbies/ sports /clubs or community activities? _____

PEER SUPPORT WORK

Have you done? Peer Employment Training YES / NO

Have you done? Intentional Peer Support Training YES / NO

HEALTH

Do you smoke? YES / NO

Do you agree to undergo a medical examination if required? YES / NO

Have you ever suffered from any overuse syndrome? YES / NO

If yes, please detail: _____

Have you claimed accident compensation in the last 12 months? (Give details) _____

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: _____

Do you have any other known condition, which might put our staff or clients at risk? YES / NO

If yes, please detail: _____

REFEREES

Give name, address and telephone numbers of at least two referees. (Must be direct reporting manager from most recent positions possible)

Name: _____ Position: _____

Relationship: _____ Company: _____

Phone number: () _____

Name: _____ Position: _____

Relationship: _____ Company: _____

Phone number: () _____

I consent to the Company seeking seeking verbal or written information on a confidential basis about me from my referees (as nominated within my application) and authorise the information sought to be released by them 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 as evaluative material, and will not be disclosed to me.

DECLARATION

I (Full Name): _____

Declare that to the best of my knowledge, the answers to the questions in this application and during the recruitment and selection process are correct. I understand that if any false or deliberately misleading information is given, or any material fact suppressed, I will not be accepted, or if I am employed, my employment may be terminated. I also understand that any false information given in relation to my medical history may result in my loss of entitlement for any compensation from ACC. I authorise this company, if applicable, to request a copy of my qualifications record, motor vehicle driving record, and any other investigative report deemed necessary through various third party sources. I agree, if required, to submit to any drug/alcohol test required of me.

Have you read the Job/Position Description? YES / NO

Print Name: _____ **Date** _____

Signature: _____

Do you consent to the Company retaining the information contained in this application form for the purposes of considering your suitability for any other position, which may arise with this Company in the future? YES / NO