

Application for Employment

Position Applied for:	
Last Name:	Preferred Name:
First Name(s) in full:	If appointed to this position when could you start?
Full Postal Address:	Contact details (tick preferred method of contact): <input type="checkbox"/> Phone (day): <input type="checkbox"/> Phone (evening):..... <input type="checkbox"/> Cell Phone:..... <input type="checkbox"/> Email address:.....
Full Drivers Licence:	No/Yes
Have you been convicted of any driving offenses?	No/Yes (please provide details)
Convictions: Have you ever been convicted of a criminal charge?	No/Yes (please provide details)
Have you any criminal charges pending?	No/Yes (please provide details)
Resident Status:	
Are you a New Zealand Citizen?	No/Yes
Do you have a work permit?	No/Yes
Are there any restrictions applied	No/Yes

Health: Do you have any pre-existing conditions (gradual or overuse) that could effect your ability to perform tasks within this position	No/Yes If yes please state.....
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References

(Please provide details of two referees we can contact)

Name: Title/Relationship: Address: Organisation Home Phone: Work Phone:	Name: Title/Relationship: Address: Organisation Home Phone: Work Phone:
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I understand that any information on my personal file is given for the use of the employer and their authorised representatives who, at the employer's express authority, may at any time have access to the file.

I certify that all the information on this application form, Curriculum Vitae and letter of application is true and complete. Any false statement may be sufficient cause for rejection or, if employed, dismissal.

Signed: Date: