

EMPLOYMENT APPLICATION FORM

Attached is an Application for Employment form that you are requested to complete personally. The application form is a source of information that will be used by Council to consider your suitability for the position for which you are applying. If successful, such information will form part of our personnel records. Failure to supply the information requested would prejudice our ability to assess your suitability for the position.

In accordance with The Privacy Act 1993 you are entitled to access this information upon request to Council. The information is held currently at 105 Tainui Street, Greymouth.

Please feel free to supplement the application form with a current curriculum vitae.

No original documents should be enclosed with your application.

If you so request your curriculum vitae will be returned to you if your application is unsuccessful.

Alternatively, you may give permission for Council to retain your details on file in case a suitable position arises in the future.



PAUL PRETORIUS
Chief Executive Officer

CONFIDENTIAL

Note

The completion of this form does not indicate that there is any obligation on Council to engage the applicant.

Date of Application:

Position Applied for:

PURPOSE

If your application is accepted, when could you commence employment?

Do you consent to Council retaining the information contained in this application form for the purposes of considering your suitability for any other position which may arise with Council in the future?

YES / NO

PERSONAL DETAILS

Title: (e.g. Mr /Mrs / Miss / Ms / Dr)

Surname:

Given Names:

Are you known by another name?

CONTACT DETAILS

House No. and Street:

Suburb:

Town:

Country:

Home Tel:

email:

RESIDENCY STATUS:

Are you a New Zealand Citizen

YES / NO

- If yes, can you produce evidence if required?

YES / NO

- If no, do you have the right of permanent residence? (Production of passport is required for verification)

YES / NO / NA

Are you an assisted immigrant under bond to the government or any other employer

YES / NO / NA

EMPLOYMENT HISTORY**Present or Most Recent Employer**

FROM

TO:

No. of Hours Worked Per Week:

Company

Address:

Position Held:

Main Duties:

Reason for Leaving

Next Most Recent Employer

FROM

TO:

No. of Hours Worked Per Week:

Company

Address:

Position Held:

Main Duties:

Reason for Leaving

Next Most Recent Employer

FROM

TO:

No. of Hours Worked Per Week:

Company

Address:

Position Held:

Main Duties:

Reason for Leaving

Give details of any other employment that may be relevant:

Do you have secondary employment?

YES / NO

If yes, please give details

REFEREES

Give name, address and telephone numbers of at least two referees.
(Preferably from where you have previously been employed)

Name	Relationship to You	Role/Organisation	Tel. No.

I consent to Council seeking verbal or written information about me from representatives of my previous employers and/or referees and authorise the information sought to be released.

YES / NO

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GENERAL

Are you prepared to work overtime if required?

YES / NO

Have you been convicted of a criminal offence?

YES / NO

Are you awaiting the hearing of charges in a civil or criminal court of law?

YES / NO

Are you prepared to handle all products, material, or equipment used by Council in carrying out its business?

YES / NO

Do you have a current driver's licence?

YES / NO

If yes, what class

Do you have demerit points or endorsements?

YES / NO

If yes, please detail

Are you a member of any territorial force unit?

YES / NO

- If yes, time to have completed whole time training?

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

MEDICAL

Do you have any disability, medical condition, illness or injury which may prevent you from performing the full range of duties associated with this position?

YES / NO

If yes, please provide details:

Do you have any disability, medical condition, illness or injury which may be exacerbated or made worse by performing the full range of duties associated with this position?

YES / NO

If yes, please provide details:

Do you agree to undergo a medical examination at Council's expense if required?

YES / NO

DECLARATION

I declare:

1. That my answers in this application are true and not misleading and
2. that there is no further relevant information that I have not told you about.

I acknowledge:

1. That if you employ me you are relying on the truth and completeness of my answers and therefore
2. that if I have not answered truthfully and completely, you may terminate my employment immediately and without notice.

Please sign and date if filling out this application

OR

By returning this application electronically it is acknowledged that you fully agree with the above declaration