



EMPLOYMENT APPLICATION FORM (1)

Attached is an Application for Employment Form that you are requested to personally complete.

The Application Form is a source of information that will be used by this organisation 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 this organisation's Manager where the information is held.

This location is currently:

72 Tudor Street
Hokitika

We would like to keep your application form and C.V. as part of our records.

If you agree please sign where indicated. If you choose not to sign, and your application is unsuccessful your application form and C.V. shall be destroyed by the organisation. The above information is provided in accordance with the Privacy Act 1993.

NAME: _____

SIGNED: _____ DATED: ___/___/___



EMPLOYMENT APPLICATION FORM (2)

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 organisation to engage the applicant.

PURPOSE

This information is collected for the purpose of assessing your suitability for employment at WestREAP, which may include subsequent changes in employment with the organisation. We wish to retain the information on file.

Permission granted / not granted. (*Strike one*)

Please Print

Position applied for: _____

Your Name (*In block letters*) Mr / Mrs / Miss

Surname: _____

Given Names: _____

(*underline name used*)

Are you known by any other name(s)?: _____

Give details: _____

Your Home Address, Telephone Numbers, Email & Personal Details

Number & Street: _____

Suburb & Town: _____

Home Phone No: _____ Work Phone No: _____

Mobile Phone No: _____

Email: _____

Details Date of Birth: _____ Place of Birth: _____

Status Are you a citizen of New Zealand? Yes/No

If yes, can you produce evidence if required? Yes/No

If no, do you have the right of permanent residence? Yes/No

If no, do you have a work permit (production of a passport is required for verification)? Yes/No

Are you an assisted immigrant under bond to the Government or any other employer? Yes/No

Next Most Recent Employer

From _____ to _____ Company: _____
Address: _____
Job Held: _____
Main Duties: _____

No. of hours worked per week: _____
Reason for leaving: _____

From _____ to _____ Company: _____
Address: _____
Job Held: _____
Main Duties: _____

No. of hours worked per week: _____
Reason for leaving: _____

Give details of any other job that may be relevant:

Have you ever worked for this organisation before? Yes/No
If yes, where and when: _____

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 worked.*)

Name	Position	Address	Phone No.
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

If your application is accepted when could you commence employment?

I consent to the organisation 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

If yes: _____ (signature)

Date: _____

GENERAL

Are you prepared to work flexible hours 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

Do you have a current drivers licence? Yes/No Full / Restricted

If yes, what class/s? _____

Drivers Licence number: _____

Do you have any demerit points or endorsements? Yes/No

If yes, please detail: _____

What transport arrangements do you have to attend your place of employment?

Describe your interests/hobbies/sports/clubs or community activities?

MEDICAL

Do you smoke? Yes/No

Do you agree to undergo a medical examination if required? Yes/No

Are you allergic to, or have any sensitivity to any substances or chemicals? Yes/No

Do you require corrective lenses or contact lenses? Yes/No

Have you ever suffered from a back injury requiring time off work? Yes/No

If yes, please detail: _____

Have you claimed accident compensation in the last 12 months? Yes/No

If yes, please detail: _____

State any serious 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 you think we should be aware of? (Such as stress, mental health, depression, anxiety, previous contact with solvents, asbestos, infectious material etc)

Yes/No

If yes, please detail: _____

Have you ever had problems at work arising from personality clashes, your attitudes or behaviour, or conflicts with another staff member?

Yes/No

If yes, please explain: _____

Has your possible use of alcohol and/or drugs ever affected your work performance?

Yes/No

If yes, please explain: _____

Have you ever had difficulties coping with change or other stressful events in the workplace?

Yes/No

If yes, please explain: _____

Have you ever needed to take more than your sick-leave allocation?

Yes/No

If yes, please explain: _____

Agreement to undertake certain tasks as part of the job interview:

I agree and accept that by undertaking certain tasks appointed by WestREAP that it does not constitute a job offer or the commencement of employment and I hereby accept that this is part of the job interview.

Signed by Applicant

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

DECLARATION

'I declare that:

1. My answers (in this application) are true and not misleading; and
2. There is no further relevant information that I have not told you about.

I acknowledge that:

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

I understand that:

False or incomplete answers relating to my medical history could mean that I can not receive any ACC compensation.'

Signed by Applicant

Date