|  |  |
| --- | --- |
| **Employment Application Form** | Logo, company name  Description automatically generated |

## Applicant Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Full Name: |  |  |  | Date: |  |
|  | First | Last |  |  |  |

|  |  |  |
| --- | --- | --- |
| Address: |  |  |
|  | Street Address |  |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | Town/City |  | Postcode |

|  |  |  |  |
| --- | --- | --- | --- |
| Phone: |  | Email | : |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Position Applied for: | |  | | |
| Date Available: |  | | Hours available: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Are you a citizen/permanent resident of New Zealand? | YES | NO | If no, are you authorized to work in NZ? | YES | NO |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Have you ever been convicted of a criminal offence? | YES | NO | |  |  | | --- | --- | | If yes, explain |  | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Have you ever been the subject of a complaint during your employment? | YES | NO | |  |  | | --- | --- | | If yes, explain |  | |
|  |  |  |  |
| Do you have any medical/physical conditions that may affect your ability to undertake the work required? | YES | NO | |  |  | | --- | --- | | If yes, explain |  | |
|  |  |  |  |
| Do you have a full NZ Driver’s Licence? | YES | NO | |  |  | | --- | --- | | If yes, please provide Licence # |  | |
|  |  |  |  |
| Are you fully vaccinated against COVID-19? | YES | NO | |  |  | | --- | --- | | *You will be required to provide evidence of this* |  | |
|  |  |  |  |

## Education

|  |  |
| --- | --- |
| High School: |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| From: |  | To: |  | Qualification achieved: |  |

|  |  |
| --- | --- |
| University/Polytechnic/Other: |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| From: |  | To: |  | | Qualification achieved | : |
| University/Polytechnic/Other: | | | |  | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| From: |  | To: |  | Qualification achieved | : |

## References

Please provide at least two professional references.

|  |  |  |  |
| --- | --- | --- | --- |
| Full Name: |  | Relationship: |  |
| Company: |  | Phone: |  |
| Email: |  |  |  |
|  |  |  |  |
| Full Name: |  | Relationship: |  |
| Company: |  | Phone: |  |
| Email: |  |  |  |
|  |  |  |  |
| Full Name: |  | Relationship: |  |
| Company: |  | Phone: |  |
| Email: |  |  |  |

## Previous Employment

|  |  |  |  |
| --- | --- | --- | --- |
| Company: |  | Phone: |  |
| Job Title: |  | Supervisor: |  |

|  |  |
| --- | --- |
| Responsibilities: |  |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| From: | |  | To: |  | Reason for Leaving: | | | |  | | |
|  | |  |  |  |  | | | |  | | |
|  | | | | | |  |  | | |  | |
| Company: |  | | | | | | | Phone: | | |  |
| Job Title: |  | | | | | | | Supervisor: | | |  |

|  |  |
| --- | --- |
| Responsibilities: |  |

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| --- | --- | --- | --- | --- | --- |
| From: |  | To: |  | Reason for Leaving: |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | |  |  | |  | |
| Company: |  | | | Phone: | |  |
| Job Title: |  | | | Supervisor: | |  |

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| --- | --- |
| Responsibilities: |  |

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| --- | --- | --- | --- | --- | --- |
| From: |  | To: |  | Reason for Leaving: |  |

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| --- | --- | --- | --- | --- | --- | --- |
|  | |  |  | |  | |
| Company: |  | | | Phone: | |  |
| Job Title: |  | | | Supervisor: | |  |

|  |  |
| --- | --- |
| Responsibilities: |  |

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| --- | --- | --- | --- | --- | --- |
| From: |  | To: |  | Reason for Leaving: |  |

## Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in the immediate termination of my employment.

I consent to WestREAP contacting the referees listed above for the purpose of verifying my suitability for this position.

I consent to abide by WestREAP’s safe recruitment process, including Police vetting and, if applicable, any safety checks as required by the Children’s Act 2014. Any offer of employment is subject to satisfactory completion of this process and necessary checks.

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  | Date: |  |