APPLICATION FOR EMPLOYMENT

PRIVATE & CONFIDENTIAL		
Return this form to:		Ref. no:
Position applied for:		
Surname:	Given name(s):	Title:
Address:		
Telephone number (landline):		
Telephone number (mobile):		
Email address:		
Current driving licence?	☐ Yes	☐ No
Details of licence:	Conditions:	
Licence class:	Expiry date: / /	
Can you Drive a Manual Vehicle?	☐ Yes	☐ No
Are there any restrictions on you taking up employment in New Zealand? *(If yes, please provide details)*	☐ Yes	☐ No

Education history

Schools:	Qualifications gained:
Colleges/universities:	Qualifications gained:
Other training:	Qualifications gained:

Employment history
(Please complete in full your most recent employment first and use a separate sheet if necessary)

1.	Name of employer:	
	Address of employer:	
	Job title and duties:	
	Start salary:	Finish salary:
	Reason for leaving:	
	Notice required in current role:	
2.	Name of employer:	
	Address of employer:	
	Job title and duties:	
	Start salary:	Finish salary:
	Reason for leaving:	
3.	Name of employer:	
	Address of employer:	
	Job title and duties:	
	Start salary:	Finish salary:
	Reason for leaving:	
4.	Name of employer:	
	Address of employer:	
	Job title and duties:	
	Start salary:	Finish salary:
	Reason for leaving:	

Current membership of professional bodies

Please note any professional bodies you are a member of or are registered with.

Other employment

Please note any other employment you would continue with if you were to be successful in obtaining this position.

References

Please note the names and addresses of two persons from whom we may obtain both character and work experience references.

1. Name:

Address:

Known in the capacity of:

(i.e. Manager/Education)

2. Name:

Address:

Known in the capacity of:

(i.e. Manager/Education)

Criminal record

Please note any criminal convictions. If none please state. In certain circumstances employment is dependent upon obtaining a satisfactory Police vetting check and/or children's worker safety check.

Declaration

(Please read this carefully before signing this application)

1. I confirm that the above information is complete and correct and that any false or misleading information will give my employer the right to terminate my employment without notice.
2. I agree that the employer reserves the right to require me to undergo a medical examination. I understand that should the employer require further information and wish to contact my doctor with a view to obtaining a medical report, the employer will inform me of their intention and obtain my permission prior to contacting my doctor. In addition, I agree that this information will be retained on my personnel file during employment and for up to six years thereafter.
3. I agree that should I be successful in this application, I will, if required, consent to a Police vetting check and/or children's worker safety check. I understand that should I fail to do so, or should the check not be to the satisfaction of my employer, any offer of employment may be withdrawn, or my employment terminated.

Signed: Date: / /