

EMPLOYMENT APPLICATION FORM

CONFIDENTIAL

This is a Job Application 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.

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.

To be completed by the applicant

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?

Personal details

Title: (eg 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

- If **yes**, can you produce evidence if required?
- If **no**, do you have the right of permanent residence? (Production of passport is required for verification)

Education

Please include the necessary and relevant information in your CV. Include University, further education etc. where applicable.

Employment history

Please include the necessary and relevant information in your CV, including:

- Employer Details
- The time periods with each employer
- Position employed in
- Main duties
- Reason for leaving

Do you have secondary employment?

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.

General

Are you prepared to work overtime if required?

Have you been convicted of a criminal offence?

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

If answering yes to either of the above two questions please provide further details on a separate page.

Are you prepared to undergo a Police Check and/or Department of Justice check?

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

Do you have a current driver's licence?

If **yes**, what class?

Do you have demerit points or endorsements?

If **yes**, please detail.

Medical

Having read and understood the associated job description, 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?

If **yes**, please provide details:

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

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
2. If I have not answered truthfully and completely, you may terminate my employment immediately and without notice; and
3. If I am employed, appointment will be subject to a satisfactory Police Check and/or Department of Justice Check.

Please sign and date if filling out this application by hand:

(Signature)

(Date)

OR

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

Where did you hear about this vacancy?

Please tick the relevant box:

| | | | | | |
|--------------------------------|--------------------------|----------------|--------------------------|-----------------|--------------------------|
| Council website | <input type="checkbox"/> | Westport News | <input type="checkbox"/> | Press | <input type="checkbox"/> |
| Seek | <input type="checkbox"/> | Trade Me | <input type="checkbox"/> | Other newspaper | <input type="checkbox"/> |
| Local Government jobs | <input type="checkbox"/> | Family/friends | <input type="checkbox"/> | | <input type="checkbox"/> |
| Other - <i>please specify:</i> | <input type="text"/> | | | | |