



APPLICATION FOR EMPLOYMENT

PRIVATE & CONFIDENTIAL

Return this form to: Hemoata Tauroa, HR@ngatikahu.org.nz

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: / /

Are there any restrictions on you taking up employment in New Zealand?
(If yes, please provide details) Yes No

Education history

Schools: _____ Qualifications gained: _____

Tertiary Education _____ Qualification _____

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: / /

