



CONFIDENTIAL

To be completed personally by the applicant

Date of application:

APPLICATION FOR EMPLOYMENT

Note: The completion of this form does not indicate that there is any obligation on HMC Enterprises Limited / Fountain City Montessori (FCM) to engage the applicant.

Purpose: This information is collected for the purpose of assessing your suitability for employment at FCM which may include subsequent changes in employment with the company.
PLEASE PRINT

POSITION APPLIED FOR:

YOUR NAME

(Block letters)

How do you like to be addressed? (egg Mrs)

Family name:

Given names (underline name used):

Are you known by any other name(s):

Give details of other name(s):

YOUR CONTACT DETAILS

Contact address:

Home phone number:

Mobile phone number:

AGE

Have you reached the current school leaving age (16 years)? Yes / No

LEGAL WORK STATUS

Are you legally entitled to work in New Zealand

Yes / No

As: A New Zealand citizen

Yes / No

A permanent resident

Yes / No

A holder of a current work visa

Yes / No



EDUCATION

Qualifications (degree, diploma, certificate, university entrance etc)

Other qualifications / high school attended

LANGUAGES

Can you hold an everyday conversation in any language other than English? (Include NZ Sign language here).

QUALIFICATIONS

Do you have any other qualifications / certificates / licences / or attended Any courses? (Give details)

Do you have a current paediatric first aid certificate? Yes / No
Expiry date?

EMPLOYMENT HISTORY

Present or most recent employer

Company:

Address:

Job held:

Main duties:

Number of hours worked per week:

Length of service:

Reason for leaving:

Give any other job details which may be relevant:



Next most recent employer

Company:

Address:

Job held:

Main duties:

Number of hours worked per week:

Length of service:

Reason for leaving:

Give any other job details which may be relevant:

Next most recent employer:

Company:

Address:

Job held:

Main duties:

Number of hours worked per week:

Length of service:

Reason for leaving:

Give any other job details which may be relevant:

Other employment:

Do you have secondary employment?

Yes / No

If yes, please give details:



REFEREES

Give name, address and telephone numbers of at least two referees.

Name:

Position:

Address:

Telephone number:

Why did you nominate this person to be your referee?

Name:

Position:

Address:

Telephone number:

Why did you nominate this person to be your referee?

Name:

Position:

Address:

Telephone number:

Why did you nominate this person to be your referee?

Name:

Position:

Address:

Telephone number:

Why did you nominate this person to be your referee?

If your application is successful, when could you commence employment

REFERENCE CONSENT

The following is necessary for compliance with the privacy act:

I _____ (full name) consent to HMC Enterprises Limited / Fountain City Montessori seeking verbal or written information on a confidential basis about me from representatives of my previous employers and / or referees and authorise the information sought to be released by them to the company for the purposes of ascertaining my suitability for the position for which I am applying. I understand that the information received by the company is supplied in confidence as evaluative material and will not be disclosed to me.

Signature:

Date:

GENERAL

Are you prepared to work shift if required to do so? Yes / No
(Generally between 7am-6pm)

Have you worked shifts before? Yes / No

Are you prepared to work overtime if required? Yes / No

Do you have any criminal convictions, not including any concealed under the Clean Slate Act? Yes / No

Are you prepared to handle all products, materials or equipment used in the industry? Yes / No

Do you have a current drivers licence? Yes / No

If yes, what class?

Drivers Licence Number:

Do you have any demerit points or endorsements?

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

Do you have any legal proceedings against you pending? Yes / No

If yes, please detail:

DECLARATION

I _____ (full name) declare that to the best of my knowledge the information provided in this application and in any resume enclosed is accurate and I understand that if any false or misleading information is given, or any material fact suppressed, I will not be employed, or if I am employed, my employment may be terminated. [I further understand that any offer of employment if made is conditional on my obtaining a full medical clearance.]

Signed:

Date: