

APPLICATION FOR EMPLOYMENT FORM

CONFIDENTIAL

To be Completed personally by applicant

Application closure date: _____

Note: the completion of this form does not indicate that there is any obligation on the company to engage the applicant

Please answer the following questions in relation to your application for employment, which will assist us to assess your suitability for the position. The questions being asked are relevant to the nature and type of work undertaken in our workplace and comply with the rights and obligations under legislation, including the Immigration Act 2009, the Health and Safety in Employment Act 1992, and the Human Rights Act 1993. The information will be used by us to assess you for this purpose only.

Please print

SECTION 1: GENERAL DETAILS

Position applied for: _____ Date: _____

Personal details

Surname: _____

Forenames: _____

Home address: _____

Daytime contact phone no: _____

Evening contact phone no: _____

Mobile contact phone no: _____

E-mail address: _____

Do you hold a current driver's license: _____ **Yes / No**

Please provide details of all current license(s) you currently hold that are required for the position: _____

Next of Kin: _____

Contact Details of Next of Kin: _____

SECTION TWO: QUALIFICATIONS AND EMPLOYMENT HISTORY

List all formal qualifications you have achieved which are relevant to this position:

Qualification	Length of study (give dates)	Relevant papers/subjects

List any other relevant training that you have completed:

Course	Length of study (give dates)	Description

Provide details of your present and previous employment. Please complete in full.

Name and address of employer	From (date) to (date)	Position and main duties	Reason for leaving	May we contact this employer for a reference?	
				Yes	No
				Yes	No
				Yes	No
				Yes	No

(Please continue on a separate sheet of paper if necessary, and attach to this application form).

Have you ever been dismissed, or resigned as an alternative to being dismissed in previous employment? **Yes / No**

⇒ If yes, please give details:

SECTION THREE: LEGAL REQUIREMENTS

Are you legally entitled to work in NZ? **Yes / No**

⇒ If yes, are you legally entitled to work because:

(a) You are a NZ Citizen? **Yes / No**

(b) You have a Work Visa? **Yes / No**

(c) Other? (Please explain)

If yes to (b), please attach a copy of your work visa with this application:

Expiry Date of Work Visa:

SECTION FOUR: DISABILITIES OR MEDICAL CONDITIONS

Note: The Human Rights Act 1993 defines disability as: physical disability or impairment; physical illness; psychiatric illness; intellectual or psychological disability or impairment; the presence in the body of organisms capable of causing illness; any other loss or abnormality of a body or mind function; and reliance on a guide dog, wheelchair or other remedial means.

4a Do you have any disability or medical condition that may affect your ability to fully and effectively carry out the tasks and responsibilities described in the job specification? _____ **Yes / No**

⇒ If yes, please provide details (please include any services or facilities which would allow you to carry out this role satisfactorily?)

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4b Do you have, or have you had, any injury or medical condition caused by a gradual process, disease or infection which may be aggravated by the function and responsibilities of the job for which you have applied, and as it is described in the attached job specification? _____ **Yes / No**

⇒ If yes, please give details:

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4c Do you have any present or past injury for which you may or may not have claimed ACC and/or other insurance cover, which may be aggravated by the job you have applied for? _____ **Yes / No**

⇒ If yes, please give details:

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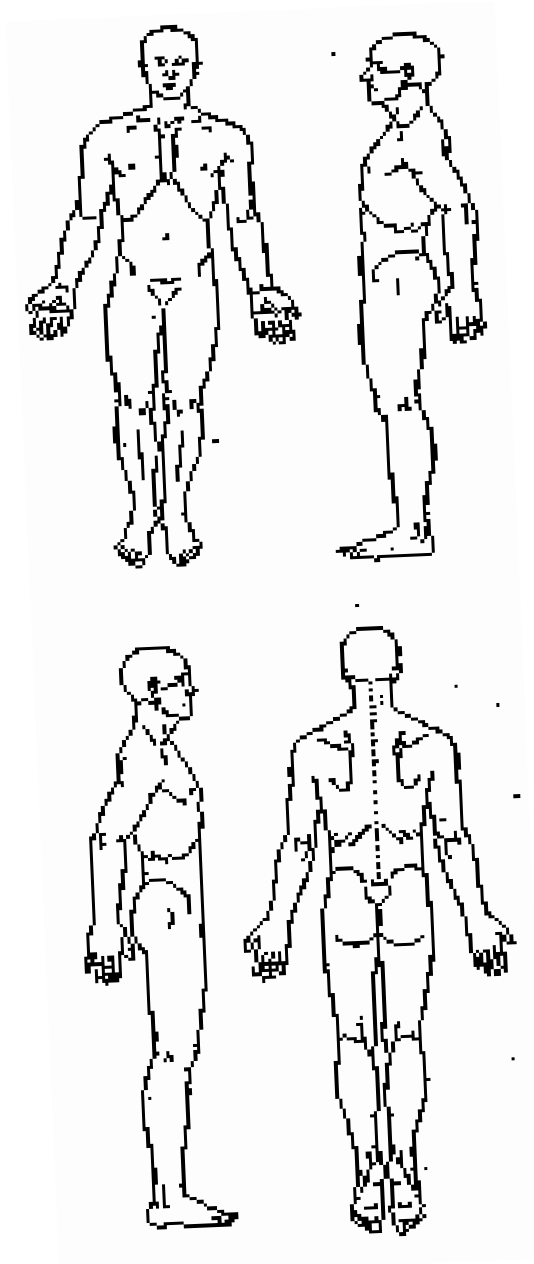
4d Have you suffered any injury to your neck, shoulders or back? Please detail and mark the attached drawing (on the next page) accordingly. _____ **Yes / No**

⇒ If yes, please give details:

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.....

4e The following is a diagram of the human body. Please use all four diagrams to indicate areas of injury or discomfort.

- Shade in areas of pain
- Show arrows if pain moves
- Show bruising or marks



Please give an explanation below:

When did the injury occur?

What was the cause?

What treatment are you/have you been receiving:

SECTION FIVE: CRIMINAL AND BANKRUPTCY HISTORY

I understand that any record of criminal convictions I might have will automatically be concealed if I meet the eligibility criteria stipulated in Section 7 of the Criminal Records (Clean Slate) Act 2004.

5a Have you ever been convicted of any criminal offence, including matters relating to dishonesty e.g., fraud, theft, misappropriation of funds, within the last seven years? **Yes / No**

5b Are you awaiting a hearing on any charges? **Yes / No**

⇒ If you answered “Yes” to either 5a or 5b, please give details:

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.....

5c Have you ever been declared bankrupt? **Yes / No**

⇒ If you answered “Yes” to 5c, please give details:

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Declaration and acknowledgement

This information is being collected to enable us to assess your suitability for this position and will be used for this purpose only. If you fail or refuse to provide the information requested, then your application may be rejected. If you provide false or inaccurate information, this will be considered serious misconduct and may result in dismissal should you be employed by us. Please also note that any false information given in Section Four, entitled *Disabilities or Medical Conditions*, may result in your loss of entitlement to earnings related compensation.

The Privacy Act 1993 provides you with the right to request access to and/or correct the personal information about you held by us.

I (full name) declare that to the best of my knowledge the information that I have provided is accurate, and complete, and I have not withheld any information which may have a bearing or any relevance to my application.

Signature:

Date:

Evaluation of Recruitment Advertising:

Please tell us how you found out about this position.

Advertised in (please state which publication):

Word of mouth arising from advertising (please state which publication):

Other (please provide details):

CONSENT TO CONTACT REFEREES FORM:

Applicant name: _____ Signature: _____

Position being sought: _____ Date
: _____

I _____ (full name) consent to Richmond Preschool Ltd or its representative 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 I am applying for. I understand that the information received by the company is supplied in confidence and as evaluative material and will not be disclosed to me **Yes/No**

Name: _____

Current position: _____

Relationship: _____

Company: _____

Contact numbers: _____ (day)
_____ (mobile or evening number if appropriate)

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