



CONFIDENTIAL

Application for Employment

Position you are applying for: **Date:**

Your Name in Block Letters

How do you like to be addressed:

Family Name:

Given Names (underline name used):

Are you known by any other name(s):

Give Details:

Your Contact Address and Telephone Numbers

Contact Address:

.....

Home Phone Number:

Work Phone Number:

Cell Phone Number:

Fax Number:

Are you legally entitled to work in New Zealand? YES / NO

Education (including University, further education etc where applicable)

Name of Secondary School(s) attended:

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Qualifications (School Certificate, University Entrance, Tertiary)

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.....

Languages

Can you speak any language other than English?

Qualifications

Do you have any other qualifications/certificates/licences (give details):

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.....

Employment History

(Note – If your CV contains the Employment History, you need not complete this section)

Present or Most Recent Employer

Employer:

Address:

Job Held:

Main Duties:

No. of hours worked per week:

Length of Service:

Reason for Leaving:

For the purposes of compliance with the Privacy Act 1993, do you consent to us contacting your present employer to check references:

YES / NO

Next Most Recent Employer

Employer:

Address:

Job Held:

Main Duties:

No. of hours worked per week:

Length of Service:

Reason for Leaving:

Next Most Recent Employer

Employer:

Address:

Job Held:

Main Duties:

No. of hours worked per week:

Length of Service:

Reason for Leaving:

Next Most Recent Employer

Employer:

Address:

Job Held:

Main Duties:

No. of hours worked per week:

Length of Service:

Reason for Leaving:

Give details of any other job which may be relevant:

.....

.....

Have you ever worked for this Council or any other Council before? YES / NO

If yes, where and when:

Do you have secondary employment? YES / NO

If yes, please detail:

Referees

Give name, address and telephone numbers of at least three referees:

Name	Position	Address	Phone
			(Home) (Work) (Cell)
			(Home) (Work) (Cell)
			(Home) (Work) (Cell)

References

Please attach at least two references from past employers.

If your application is successful, when could you commence employment?

I consent to the Employer 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 Employer for the purposes of ascertaining my suitability for the position I am applying for. I understand that the information received by the Employer is supplied in confidence as evaluative material and will not be disclosed to me.

YES / NO

If yes, signature Date:

General

Are you prepared to work extra hours if necessary? YES / NO

Have you been convicted of a criminal offence that may affect or is relevant to this job? YES / NO

Are you awaiting the hearing of charges in a civil criminal court of law that may affect or is relevant to this job? YES / NO

Do you have a current driver's licence? YES / NO

What are your interests/hobbies/sports/clubs or community activities?
.....
.....
.....

Medical

If you are offered employment, the offer may be made subject to you obtaining a full medical clearance. Do you agree to undergo a medical examination? YES / NO

Health and Safety

The following information is sought to assist you with your work related health needs and to meet the requirements of the Health and Safety in Employment Act 1992. Please contact the Council Office for further information if you are unsure about the hazards you may be exposed to in the job you are applying for.

Health History (circle yes or no to answer questions)

1. Have you had an injury or medical condition caused by gradual process, disease or infection (e.g. hearing loss, sensitivity to chemicals, occupational overuse syndrome, back strain) that may be aggravated or further contributed to by the tasks of this position?

Yes No

2. Have you experienced, or are you currently experiencing, any medical condition, injury, ailment or any physical, mental, or stress related health condition, which may affect your ability to effectively carry out the functions, tasks and responsibilities of this position, or your regular attendance at work?

Yes No

3. Have you claimed compensation for any injury or accident in the past five years?

Yes No

4. In the past 12 months, have you had any time away from work due to an accident or any health issue related to stress or other mental health condition?

Yes No

If **YES**, how many days?

If you answered **YES** to any of the above questions please give full details below:

Important to Note:

- The completion of this form does not indicate that there is any obligation on the Kawerau District Council to engage the applicant.
- This application form must be completed personally by Applicant
- This information is collected for the purpose of assessing your suitability for employment at Kawerau District Council.

Application Declaration

I, (full name) declare that to the best of my knowledge the answers in this application are correct and I understand that if any false or deliberately misleading information is given, or any material fact suppressed, I will not be accepted, or if I am employed, my employment will be terminated. I also understand that any false information given in relation to my medical history with regards to gradual process, disease or infection can result in my loss of entitlement for any compensation from ACC. I further understand that any offer of employment, if made, may be conditional on my obtaining a full medical clearance through the employer's pre-employment medical.

Signed: **Date:**

Address for Application:

**CONFIDENTIAL: Application for Employment
Chief Executive Officer
Kawerau District Council
Private Bag 1004
KAWERAU 3169**