



Night 'n Day

EMPLOYMENT APPLICATION

CONFIDENTIAL

The information is collected for the purpose of assessing your suitability for employment, which may include subsequent changes in employment in the company. Note: the completion of this form does not indicate that there is any obligation on the company to engage the applicant.

COMPANY TRADING NAME _____

LOCATION _____ DATE _____

POSITION APPLIED FOR: _____

SURNAME _____ FIRST NAMES _____

APPLICANTS DECLARATION

I have personally completed this application form and the employment history section, and declare the information provided in this application form and my resume where provided is correct. I understand that falsification of information or suppression of material information will result in instant dismissal if I am successful in my application for employment.

(Applicant's Signature) _____ (Date) _____

PERSONAL DETAILS

YOUR NAME IN BLOCK LETTERS Mr Miss Mrs Ms

Surname.....

Given Name (underline name used)

.....

Are you known by any other name(s)?

.....

YOUR HOME ADDRESS AND TELEPHONE NUMBERS

Number and Street.....

Suburb and Town.....

Hm Ph..... Wk Ph

Cell Ph.....

BIRTH DETAILS I am over 18 years of age (please tick)

OR

Date of Birth if under 18 years of age / /
Day/Month/Year

LEGAL WORK STATUS

Are you a New Zealand Citizen?

Yes/No

Are you a permanent resident of New Zealand?

Yes/No

Are you legally entitled to work in New Zealand?

Yes/No

If yes, do you have the authority to accept other employment?

Yes/No

EDUCATION

Name of secondary school(s) attended From to

(including university,
further education, etc
where applicable

.....
.....
.....

Qualifications (school certificate, university entrance)
Subjects

.....
.....

Other Qualifications Yes/No (Subjects)

.....
.....
.....

QUALIFICATIONS

Do you have any other
qualifications/certificates/licenses/or
attended any courses (give details)

.....
.....
.....
.....

Please describe the skills you hold which are relevant
to the position applied for

.....
.....
.....

EMPLOYMENT HISTORY

Present or Most Recent Employer

From/...../..... Company

To/...../..... Address Phone:.....

Job Held

Main Duties.....

No. of hours worked per week.....

Pay rate for employment.....

Reason for leaving.....

Contact Person.....

Next Most Recent Employer

From/...../..... Company

To/...../..... Address Phone:.....

Job Held

Main Duties.....

No. of hours worked per week.....

Pay rate for employment.....

Reason for leaving.....

Contact Person.....

Next Most Recent Employer

From/...../..... Company

To/...../..... Address Phone:.....

Job Held

Main Duties.....

No. of hours worked per week.....

Pay rate for employment.....

Reason for leaving.....

Contact Person.....

Next Most Recent Employer

From/...../..... Company

To/...../..... Address Phone:.....

Job Held

Main Duties.....

No. of hours worked per week.....

Pay rate for employment.....

Reason for leaving.....

Contact Person.....

Give details of any other job which may be relevant

.....

.....

.....

Are you able to work	Full Time	Weekends	Nightshift
	Part Time	Evenings	Statutory Days

Are you prepared to work shifts if required to do so? Yes/No

Have you worked shifts before? Yes/No

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

Please list any current commitments and the times involved

.....

.....

.....

Have you been convicted of a criminal offence? Yes/No

Have you previously received a police warning / diversion? Yes/No

Are you awaiting the hearing of charges in a civil or criminal court of law? Yes/No

Do you have a current Drivers Licence? Yes/No

If yes, what class?

Drivers Licence number

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

.....
.....

Are you a member of any territorial force unit? Yes/No

If so, have you completed whole time training? Yes/No

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

.....
.....
.....

Are you at present receiving medical treatment and/or medication that may affect your ability to complete the job requirements? Yes/No

If yes, please detail

.....
.....

Have you ever worked for this Company before? YES/NO

If yes, where and when?.....

Do you have secondary employment? YES/NO

If yes, please detail

I consent permission for my Medical History to be released YES/NO

I consent permission for my Criminal History to be released

YES/NO

REFEREES

Give name, address and telephone numbers of at least two referees.
(preferably from where you have worked)

Name	Position	Address	Phone No.
.....			
.....			
.....			
.....			

If you application is accepted, when could you commence employment?

.....

I consent to the Company seeking verbal or written information on a confidential basis about me from representatives of any 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 as evaluative material and will not be disclosed to me.

..... Signature Date.....

MEDICAL HEALTH AND PHYSICAL PARTICULARS

Have you had an injury or medical condition caused by gradual process, allergy, disease or infection eg hearing loss, sensitivity to chemicals, repetitive strain injuries that may be aggravated or further contributed to by the tasks of this job? Yes/No

If yes, please detail the conditions:

.....
.....
.....

Have you ever suffered from a back injury requiring time off work or that would affect your ability to effectively carry out the functions and responsibilities of the position applied for? Yes/No

If yes, please detail

.....
.....
.....

Have you claimed workers related compensation in the last 12 months related to the same tasks you would be performing if your application was accepted.? Yes/No

If yes, please give details

.....
.....
.....

State any serious injury or illness you have suffered that may affect your ability to effectively carry out the functions and responsibilities of the position applied for

.....
.....
.....

Do you have any other known impairment condition, physical or mental, which may affect your ability to effectively carry out the functions and responsibilities of the position applied for? Yes/No

If yes, please detail

.....
.....
.....
.....

Declaration: I authorize the collection and release of such information about myself that is required to assess any entitlement that I may have to compensation, rehabilitation assistance or to facilitate treatment. This authority is valid for the period of employment or to any matter relating back to the employment period at a later date.

Signature:.....

Date:.....

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 may result in my loss of entitlement for any compensation from any Accident Insurance Provider.

I consent to the Company retaining the information contained in this application form for the purposes of considering your suitability for any other position which may arise with this Company in the future?

Signed

Date