



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.

STORE TRADING NAME: _____

LOCATION: _____ DATE: _____

POSITION APPLIED FOR: _____

SURNAME: _____ CHRISTIAN NAMES: _____

APPLICANTS DECLARATION

I have personally completed this application form and the employment history section. I understand and accept that employment with Night n' Day is conditional upon providing the correct information in this application form and in my resume.

I also understand and accept that falsification of such information or suppression of material information without an acceptable explanation may result in instant dismissal if I am successful in my application for employment.

Signature of Applicant: _____ 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 _____ Postcode: _____

Hm Ph. _____ Wk Ph _____

Cell _____

Email _____

BIRTH DETAILS

I am over 18 years of age (please tick)

Date of Birth _____
Day/Month Year

ENTITLEMENT
TO WORK

Are you a New Zealand or Australia Citizen? Yes/No

If yes - Which

If no - Are you legally entitled to work in New Zealand? Yes/No

Do you hold a visitor / student work permit covering the type of work applied for? Yes/No

Do you hold a New Zealand Work Permit covering the type of work applied for? Yes/No

Do you have a current New Zealand or International Drivers Licence? Yes/No

If yes – what class(es) _____

Drivers licence number _____

Do you have any demerit points or endorsements? Yes/No

If yes – please detail _____

Passport number _____

Passport nationality _____

(Interviewer has copies of all documents _____ signed)

EDUCATION

(including university, further education, etc where applicable)

Name of secondary school(s) attended
From: _____

To: _____

Qualifications (school certificate, university entrance)

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

Give details of any other job which may be relevant

REFEREES

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

Name Position Address Phone No:

In addition, I understand and accept that Night 'n Day may conduct Internet / Social Media searches as part of their information gathering in relation to this application

Signature: _____

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 _____

I consent to Night ‘n Day seeking verbal or written information about me from representatives of my previous employers, and referees, and authorize the information sought to be released

YES / NO

In addition, I understand and accept that Night ‘n Day may conduct Internet / Social Media searches as part of their information gathering in relation to this application

Signature: _____

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

Do the hours of work as they relate to the position applied for, really suit your personal situation? Yes/No

If no, please explain what might ideally be the hours of work that would suit

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

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

Please list any current responsibilities or commitments and the times involved that may prevent you devoting your full time and attention to working on a roster basis

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

Have you ever worked for this Company before? Yes/No
If yes, where and when? _____

Do you have other employment? Yes/No
If yes, please detail _____

Do you have a spouse, partner, relative or household member working here or elsewhere in the industry? Yes/No
If yes, please supply details _____

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

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

CONVICTIONS / LEGAL ACTION (These last three pages to be filled in in the presence of the interviewer)

Note: you do NOT have to provide information relating to any previous convictions deleted from court records under the Clean Slate Legislation.

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

List details: _____

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

List details: _____

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

List details: _____

Please add your signature after these questions if you consent to Department of Courts or any other organization releasing such information in support of this Employment Application

Applicants Signature: _____

MEDICAL HEALTH AND PHYSICAL PARTICULARS

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 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.? (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.

Do you agree to the company accessing your acc file in order to assess any history of accident / injury claims which might affect your ability to perform the tasks associated with the job applied for

YES / NO

If you answer yes, please sign here to confirm your agreement

Applicants Signature: _____

Do you agree to provide a copy of recent medical history from your GP or other medical professional, if requested

YES / NO

Applicants Signature: _____

If requested, do you agree to provide a medical certificate to confirm you have not in the last month taken any non- prescription drugs or prescription drugs which could influence your ability to perform tasks related to perform the job applied for? Such evidence must include details of a blood test to support confirmation contained in the certificate

YES / NO

Applicants Signature: _____

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 may not be accepted, or if I am employed, my employment may be terminated. I also understand that any relevant false information given may result in my loss of entitlement for any compensation from ACC or any other Injury Insurer.

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?

I further accept that if I am success in this application and commence employment with the Company, the information contained herein and any other information gathered in the course of my employment will be available to management; and in addition, I clearly understand that my employment does not commence until I have signed my employment agreement.

Signature of Applicant: _____ Date: _____

[For Office Use]

Previous Employers and References Checked: _____

Passport/Visa/Licences/Certificates/etc Checked: _____

Police Vet filed: _____