



Application to be completed in applicant's own handwriting - please print

Position Applied For _____ Date _____

Work Required Full time Part time Casual

Please tick days available: Mon ___ Tues ___ Wed ___ Thurs ___ Fri ___ Sat ___ Sun ___

Personal Information

Full Name _____

Address _____

_____ Telephone _____

Mobile _____ Email _____

Do you have a current driver's licence? Yes No

Class/s and number: _____

Health and Physical Particulars

Have you ever suffered any type of personal injury caused by a work-related gradual process, disease, or infection? Yes No

Have you ever had any condition, which is likely to contribute to a work-related gradual process injury, disease, or infection? Yes No

Have you ever had any serious illness, operation or accident, or condition, which would hamper your work in this position? Yes No

If yes, please specify

Qualifications & Education (Certificates to be supplied)

Have you been charged with any offences in the last 5 years? please provide details

Do you have any legal proceedings pending? If yes please provide details

Sale of Liquor Act - Have you been declined a General Managers Certificate in terms of the Sale of Liquor Act? Yes No

Are you legally entitled to work in New Zealand? Yes No

Do you have a work permit? Yes No If yes when does this expire? _____
Work permits or evidence of authority to work in New Zealand may be requested.

Type of work visa: _____

Please supply the names and telephone numbers of at least two Referees

Please provide last employer and at least one previous employer.

Employment Record: ALL prior positions must be listed.

Last or Present Position _____

Employer _____

Nature of work _____ From _____ To _____

Reason for leaving _____

Previous Employer _____

Nature of work _____ From _____ To _____

Reason for leaving _____

Previous Employer _____

Nature of work _____ From _____ To _____

Reason for leaving _____

Continue on another sheet if required

Do you hold a current First Aid Certificate?

Yes No

Do you have a spouse, partner, or relative working here elsewhere in the same Industry. Yes/No

If Yes, who? _____

Where? _____

Have you ever worked for this company or an associated company before? Yes No

If your application is successful when could you commence employment: _____

APPLICANT'S DECLARATION

I **CERTIFY** that the above information is true and correct and authorise investigation of all information contained herein for the purpose of ascertaining my suitability for employment, including conducting credit and criminal record checks through the appropriate authorities and contacting referees and previous employers. I understand that if I have given false or misleading information or if I have left out any important information, I may not be considered for appointment. If I am appointed before any inaccuracies on this form are discovered, my employment may be terminated. I understand that in some situations, providing false information may amount to an offence under the Crimes Act. I understand that if I accept employment I will be required to sign an Employment Agreement.

If appointed, I agree to observe all rules, policies and procedures issued by the establishment.

Applicant's signature:

Date: _____

For Office Use Only

Mail Application: Yes/No

Email Application: Yes/No

Walk-In Application: Yes/No

Interviewed By: _____ Date Interviewed: _____

Referenced Checked By: _____

Comments:

Employed: YES/NO

If employed: **Start Date** _____

Declined YES/NO

Hold 3 Months: YES/NO