

Position Applied For

APPLICATION FOR EMPLOYMENT (CONFIDENTIAL)

<u>PRIVACY ACT 1993:</u> The information which you supply on this form is used to assess your suitability for employment with the Carterton District Council. This information will be held secure in our Personnel Files and under our rules of access, no information will be disclosed to third parties without authorisation, except as required by law. You have right of access to personal information and the right to seek correction of information to ensure that it is accurate.

Work Required (circle)	FUL	FULL TIME		PART TIME		CASUAL	
Days Available (circle)	ALL M	ION TUE	WED	THU	FRI	SAT	SUN
SECTION 1. PERSONAL DETA	ILS		PLEASE	PRINT			
Surname							
First Name(s)	Dr / Mr / Mrs /	Miss / Ms					
Are you known by any other name?	If yes, please s						
Age last birthday		Date of F	Birth (for KiwiSaver p	ourposes only)			
Residential Address							
Home Number	()		Mobile Numbe	er ()		
	,			" ,			
SECTION 2. QUALIFICATIONS			PLEASE	PRINT		_	
SECTION 2. QUALIFICATIONS List Qualifications			PLEASE	PRINT			
			PLEASE	PRINT			
			PLEASE	PRINT			
			PLEASE	PRINT			
List Qualifications			PLEASE	PRINT			
List Qualifications			PLEASE	PRINT			
List Qualifications Other Languages Spoken SECTION 3. EMPLOYMENT HIS		Length of S	Service Posi	PRINT	Reason for Le	aving	
List Qualifications Other Languages Spoken SECTION 3. EMPLOYMENT HIS	STORY	Length of S	Service Posi		Reason for Le	eaving	
List Qualifications Other Languages Spoken SECTION 3. EMPLOYMENT HIS	STORY		Service Posi		Reason for Le	eaving	
List Qualifications Other Languages Spoken SECTION 3. EMPLOYMENT HIS	STORY		Service Posi		Reason for Le	eaving	
List Qualifications Other Languages Spoken SECTION 3. EMPLOYMENT HIS	STORY		Service Posi		Reason for Le	eaving	

SEC	TION 4. REFEREES	PLEASE PRINT			
Plea	se provide the name of three referees (2 work related	l and 1 personal) who may	be contacted		
ı	Name and Address Phone Number Occupation				
	oviding us with these names you authorise the Carter h is directly related to this application.	rton District Council to colle	ect personal info	rmation at	oout you
SEC	TION 5. GENERAL	PLEASE CIRCLE			
I	Do you have a current driving licence? If yes, provide licence numl	ber		YES	NO
ŀ	Have you been convicted of any criminal offence in the last 7 years	? If yes, please provide details		YES	NO
(A conviction will not necessarily bar you from employment. Each conviction will be judge	ed on its own merit)			
Do you have <u>any</u> criminal proceedings pending? If yes, please provide details					NO
ŀ	Have you ever been declared bankrupt or had a company in which	you were a director put into liquid	lation?	YES	NO
,	Are you legally entitled to work in New Zealand?		YES	NO	
SEC	tion 6. Health	PLEASE CIRCLE			
1.	Are you currently engaged in any other employment, which will o	continue if you are successful in g	aining this		
	position?			YES	NO
2.	Have you ever been diagnosed with and/or treated for Occupation	onal Overuse Syndrome or any ot	her		
similar condition?					NO
3. Do you have or have you, ever suffered from any back problems?				YES	NO
4	Do you think the heak archine will so you you gove limitetions in the	adding?	YES	NO	
Do you think the back problem will cause you any limitations in the type of employment you are seeking? ———————————————————————————————————					NO
5. Do you, or have you ever suffered from any form of hearing problem?					NO
6. Do you, or have you ever suffered from any eyesight impairment including needing to wear glasses?					NO
7. Have you ever been diagnosed with, or suffered a stress related condition such as a nervous breakdown?					NO
Do you have any other condition that you are aware of including but not limited to asthma, allergies, heart or respiratory problems or high blood pressure?					NO

Comments (if you answered 'Yes' to any of the above questions, please add comments in corresponding boxes below)

Com	Tierits (ii you ariswered Tes ti	to any of the above questions, please and comments in corresponding boxes below	<u>_</u>
1.	Employment type:		
2.	When:		
	Treatment Type:		
	Completion Date:		
3.	When:		
	Treatment Type:		
	Completion Date:		
4.	How?		
5.	Treatment Type: (e.g. Hearing Aid)		
	Severity:		
6.	Treatment Type: (e.g. glasses)		
	Severity:		
7.	When:		
	Treatment type:		
8.	When		
	Treatment Type:		
	Completion Date:		
Note: A Note: F those in employ	Failing to answer medical questions in injuries under the Accident Compensat	may be required to undergo a medical examination. In relation to work related gradual process injuries accurately, may result in a disentitlement to cover for ation Act. Deafness or hearing loss under the Act may not be covered for work related injuries if the earing test before commencing employment. PLEASE SIGN	
		the best of my knowledge, true and correct and authorise investigation of all information contained herein	n.
		leading information or if I have left out any important information, I may not be considered for	
	• •	naccuracies are discovered, my employment may be terminated. I understand that in some situations,	
		an offence under the Crimes Act. I understand that if I accept employment I will be required to sign an	
	dual Employment Agreement.		
Applic	eant's Name		

Applicant's Signature

Dated