

SECTION 4. REFEREES

PLEASE PRINT

Please provide the name of three referees (2 work related and 1 personal) who may be contacted

| Name and Address | Phone Number | Occupation |
|------------------|--------------|------------|
| | | |
| | | |
| | | |

In providing us with these names you authorise the Carterton District Council to collect personal information about you which is directly related to this application.

SECTION 5. GENERAL

PLEASE CIRCLE

Do you have a current driving licence? If yes, provide licence number _____

YES

NO

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 judged on its own merit)

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

YES

NO

Have you ever been declared bankrupt or had a company in which you were a director put into liquidation?

YES

NO

Are you legally entitled to work in New Zealand?

YES

NO

SECTION 6. HEALTH

PLEASE CIRCLE

1. Are you currently engaged in any other employment, which will continue if you are successful in gaining this position?

YES

NO

2. Have you ever been diagnosed with and/or treated for Occupational Overuse Syndrome or any other similar condition?

YES

NO

3. Do you have or have you, ever suffered from any back problems?

YES

NO

4. Do you think the back problem will cause you any limitations in the type of employment you are seeking?

YES

NO

5. Do you, or have you ever suffered from any form of hearing problem?

YES

NO

6. Do you, or have you ever suffered from any eyesight impairment including needing to wear glasses?

YES

NO

7. Have you ever been diagnosed with, or suffered a stress related condition such as a nervous breakdown?

YES

NO

8. 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?

YES

NO

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

| | |
|--|--|
| 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: | |

The information above has been provided by myself voluntarily.

Note: As a precondition of employment, you may be required to undergo a medical examination.

Note: Failing to answer medical questions in relation to work related gradual process injuries accurately, may result in a disentitlement to cover for those injuries under the Accident Compensation Act. Deafness or hearing loss under the Act may not be covered for work related injuries if the employee has not undergone a base line hearing test before commencing employment.

SECTION 7. DECLARATION

PLEASE SIGN

I CERTIFY that the above information is, to the best of my knowledge, true and correct and authorise investigation of all information contained herein. 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 the inaccuracies 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 Individual Employment Agreement.

Applicant's Name

Applicant's Signature

Dated