



CONFIDENTIAL

To be completed personally by Applicant

Date of Application:

Application For Employment

Note: The completion of this form does not indicate that there is any obligation on the Organisation to engage the applicant.

Purpose

This information is collected for the purpose of assessing your suitability for employment at the Waitangi National Trust which may include subsequent changes in employment within the organisation.

Position applied for	
YOUR NAME	
How do you like to be addressed?	
Family Name	
Given Names	
What other names are you known by?	
YOUR CONTACT DETAILS	
Contact Address	
Home Phone	
Email Address	
Have you reached the current school leaving age?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you qualified for National Superannuation?	<input type="checkbox"/> Yes <input type="checkbox"/> No
LEGAL WORK STATUS	
Are you legally entitled to work in New Zealand?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, can you produce evidence if required?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Education	
Name of Secondary School(s) attended	
Name of Further Education Institutions attended	
Qualifications and Subjects covered	
QUALIFICATIONS	
Do you have any other qualifications / certificates / licences, or have you attended any courses (give details)	
Please describe the skills you hold which are relevant to the position applied for (e.g. for a typist - typing speed, word processing capability, shorthand capability, etc)	

Employment History	
PRESENT OR MOST RECENT EMPLOYER	
Company	
Address	
Position Held	
Main Duties	
No. of hours worked per week	
Length of Service	
Reason for Leaving	
For the purposes of compliance with the Privacy Act 1993, do you consent to the Organisation contacting your present employer for the purposes of reference checking?	<input type="checkbox"/> Yes <input type="checkbox"/> No
NEXT MOST RECENT EMPLOYER	
Company	
Address	
Position Held	
Main Duties	
No. of hours worked per week	
Length of Service	
Reason for Leaving	

NEXT MOST RECENT EMPLOYER	
Company	
Address	
Position Held	
Main Duties	
No. of hours worked per week	
Length of Service	
Reason for Leaving	
Give details of any other job which may be relevant	
Have you ever worked for this organisation before?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, where and when	
Do you have secondary employment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please give details	

REFEREES	
Give the details of at least two referees (preferably from where you have worked and whom you directly reported to).	
Name	
Position	
Address	
Phone No	
Name	
Position	
Address	
Phone No	
If your application is accepted, when could you commence employment	
I consent to the Organisation seeking verbal or written information on a confidential basis about me from representatives of my previous employers and/or referees and authorise the information sought to be released by them to the organisation for the purposes of ascertaining my suitability for the position I am applying for	<input type="checkbox"/> Yes <input type="checkbox"/> No
I understand that should I be short listed for this position, it is the policy of the Organisation to obtain a criminal convictions report from the Ministry of Justice	<input type="checkbox"/> Yes <input type="checkbox"/> No
Signed	Date

General	
Have you had any criminal convictions that would have relevance to the work of the post?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you awaiting the hearing of charges in a civil or criminal court of law?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a current drivers licence?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what class?	
Drivers licence no.	
Do you have any demerit points or endorsements?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please details	
Do you have a spouse, partner, relative or household-member working here or elsewhere in the industry	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what is their full name?	
...and what is their relationship to you?	
What are your interest / hobbies / sports / club or community activities?	

MEDICAL	
Have you had an injury or medical condition caused by gradual process, disease or infection, for example, hearing loss, sensitivity to chemicals, or repetitive strain injuries that may be aggravated or further contributed to by the tasks of this job.	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please details	
Are you aware of any medical condition you may have which may affect your ability to fulfil the requirements of the position?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please details	
Do you consent to the organisation retaining the information contained in this application form for the purposes of considering your suitability for any other position which may arise with this organisation in the future?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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 with regards to gradual process, disease or infection can result in loss of entitlement for any compensation from ACC.	
Signed:	Date: