**Application to be completed in applicant’s own handwriting - please print.**

**Position Applied For**

**Work Required** Full time 🞎 Part time 🞎 Casual 🞎

**Personal Information**

#### Full Name

  *(first) (middle) (last)*

#### Address

 Suburb : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Town/City : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Postcode : \_\_\_\_\_\_\_

**Phone**

**Email**

**Do you have a current driver’s licence**? Yes 🞎 No 🞎 License Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Please specify the days and times that you are NOT AVAILABLE to work**:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

Do you have anything that may hinder or change your availability in any way? i.e. Seasonal sports or other interests, upcoming study, religious holidays to be observed, planned holidays with family/friends etc. If yes please explain further:

**Please specify your ideal normal weekly hours (minimum to maximum)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# HEALTH & 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 that could hamper your work in this position? Yes 🞎 No 🞎

Do you have any medical condition, are on any medication or have an allergy that may affect your ability to work in this position or is something that your employer should be aware of?

 Yes 🞎 No 🞎

If you have answered yes, please specify

**LEGAL**

**Have you been charged with any offences in the last 5 years**?If ‘yes’, please provide details**:**

**Do you have any legal proceedings pending**?If ‘yes’, please provide details**:**

**Is your financial position and credit rating sound**? If unsure, give particulars.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Are you a New Zealand citizen or resident?** Yes 🞎, No 🞎

**If you are not a resident or citizen are you legally entitled to work in New Zealand?**

Yes 🞎 No 🞎

**Non-residents/citizens please specify details of your legal entitlement to work** (type of work permit, working visa, other, terms and expiry date):

Work permits or evidence of authority to work in New Zealand may be requested.

# WORK HISTORY: ALL prior positions must be listed.

**Last or Present Position** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Employer** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Nature of work** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_From(date)\_\_\_\_\_\_\_\_\_\_\_\_To\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Reason for leaving \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Previous Employer** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Nature of work** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_From(date)\_\_\_\_\_\_\_\_\_\_\_\_To\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Reason for leaving \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Previous Employer**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Nature of work** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_From(date)\_\_\_\_\_\_\_\_\_\_\_\_To\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Reason for leaving

**Please list any other positions held:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**REFERENCES/REFEREES**

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

Please provide last employer and at least one previous employer.

## Referee 1 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Relationship** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Contact Phone Number** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Referee 2 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Relationship** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Contact Phone Number** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Do you have a General Manager’s certificate for the purposes of the Sale and Supply of Alcohol Act?** Yes 🞎 No 🞎 Please provide a copy.

**Sale and Supply of Alcohol Act and Gambling Act Requirements** Have you been declined ‘key person’ status in terms of the Gambling Act or been declined a General Manager’s Certificate in terms of the Sale and Supply of Alcohol Act? If ‘yes’, please provide details.

**Qualifications** (Certificates to be supplied)

### 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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_