APPLICATION FOR EMPLOYMENT

The completion of this form does not indicate that there is any obligation on this Club to offer employment to the applicant.

The personal information you provide in this document will be held by this Club for a limited period of time only and will be used for the purpose of assessing your suitability for employment. It will be accessible to senior management staff only. You have a right of access to this information to ensure its accuracy. This is a Confidential Document subject to the Privacy Act 1993.

SECTION ONE: Position

Position applied for: _____

If your Application for Employment is accepted, when could you commence _____/_____/_____

SECTION TWO: Personal Information

Surname or family names: _____First Name: _____

Date of Birth: _____ / _____ / _____ Place of Birth: _____

Are you or have you been known by any other name(s)? i.e. Maiden Name □ YES □ NO

If **YES** please give details:_____

Current Residential Address:_____

Phone Numbers: Mobile ( ) _____ Other: _____

Email: Home: _____

EMERGENCY CONTACT DETAILS:

Name of Contact:_____

Relationship to the person above? _____

Home address: _____

Phone Numbers: Mobile ( ) _____ Other ( ) _____

Any further relevant details:

_____

_____

SECTION THREE: Drivers License

Do you hold a current NZ Drivers Licence? ☐ YES ☐ NO

If yes: Drivers Licence No. _____ Version (5b on license):

Classes on your licence_____

Do any special conditions apply to your licence?[1] ☐ YES ☐ NO

If yes, give brief details:_____

Have you ever been disqualified from driving? ☐ YES ☐ NO

If yes, give brief details:_____

Do you have any current demerit points against your licence? ☐ YES ☐NO

If yes, give brief details:_____

SECTION FOUR: Legal Work Status

Are you a citizen of New Zealand? ☐ YES ☐NO

If yes: Can you produce evidence if required? ☐ YES ☐NO

If no: Do you have the right of permanent residence? ☐ YES ☐NO

Do you have a work permit? ☐ YES ☐NO

If yes: Please provide a copy of the relevant page in your passport. Copy attached:

☐ YES ☐NO

SECTION FIVE Education & Industry Specific Qualifications

Education: includes NCEA, School Certificate or University Entrance, University, Technical Institute, licences, courses

Qualification:	**Gained from:**	**When Completed:**

Industry Specific:

Qualification	**Gained from:**	**When Completed:**

SECTION SIX — Employment History

1. Present or most recent Employer

Employed from: _____to _____

Company Name :_____ Telephone: (____) _____

Contact Name: _____ Telephone: (____) _____

Address: _____

Position held: _____

Nature of work: _____

Reason for leaving / wanting to leave: _____

2. Next most recent Employer

Employed from: _____ to _____

Company Name :_____ Telephone: (____) _____

Contact Name: _____ Telephone: (____) _____

Address: _____

Position held: _____

Nature of work: _____

Reason for leaving: _____

3. Next most recent Employer

Employed from: _____ to _____

Company Name :_____ Telephone: (____) _____

Contact Name: _____ Telephone: (____) _____

Address: _____

Position held: _____

Nature of work: _____

Reason for leaving: _____

For the purposes of compliance with the Privacy Act 1993 do you consent to the company contacting the people you have listed above to enquire into the accuracy of information supplied in this application form, or any other matter relating to your suitability for employment?

Present Employer (1): ☐ YES ☐NO

Past Employer (2): ☐ YES ☐NO

Past Employer (3): ☐ YES ☐NO

Applicants Signature: _____Date:_____

SECTION SEVEN Health

If you are offered employment the offer may be made subject to your obtaining a full medical clearance (by completion of a medical examination) to assess your fitness for the job for which you are applying.

Do you consent to this? ☐ YES ☐NO

Do you smoke? ☐ YES ☐NO

Do you have a hearing disability? ☐ YES ☐NO

Do you require corrective lenses or contact lenses to drive, read or use a computer? ☐ YES ☐NO

Do you agree to undertake random drug and alcohol testing if required? ☐ YES ☐NO

Are you allergic to, or have sensitivity to any substances or chemicals? ☐ YES ☐NO

If yes, please detail_____

Have you ever suffered any back injury or back strain? ☐ YES ☐NO

If yes, please detail_____

Have you ever suffered from any overuse injuries e.g. RSI or OOS? ☐ YES ☐NO

If yes, please detail_____

Have you ever had an injury resulting in an ACC claim? ☐ YES ☐NO

If yes, please detail_____

Have you ever been addicted to or had treatment for any form of substance abuse? ☐ YES ☐NO

(namely alcohol, prescriptive medicine or narcotics/drugs)

If yes, please detail_____

Have you ever suffered or been treated for depression or any stress related disorder? ☐ YES ☐NO

If yes, please detail_____

Do you have any known condition, which might put yourself or other staff at risk? ☐ YES ☐NO

If yes, please detail_____

How many days absence due to sickness or injury have you claimed in the last 12 months of employment?

☐ 0-2 ☐ 2-5 ☐ 6-10 ☐ 11-15 ☐ 16-20 ☐ over 20

In consideration of the duties outlined in the position description for this role, do you have any condition, illness, injury or disability which may affect your ability to effectively carryout the functions and responsibilities of the position you have applied for?

If so, please give details:

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SECTION EIGHT General

Please write clearly

Have you been charged or convicted with a criminal offence in the last 10 years? ☐ YES ☐NO

If yes, give brief details: _____

Have you ever been required to appear before a military court, tribunal

(Including civilian) or other court? ☐ YES ☐NO

If yes, give brief details: _____

Are you awaiting the hearing of charges in a civil or criminal court of law? ☐ YES ☐NO

If yes, give brief details: _____

Have you ever been dismissed, or been the subject of an investigation by your Employer for misconduct?

or serious misconduct or dishonesty? ☐ YES ☐NO

If yes, give brief details: _____

Have you ever been the subject of the Police Diversion Scheme? ☐ YES ☐NO

If yes, give brief details: _____

SECTION NINE Any additional information

Do you have any additional information that you consider may assist your application?

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SECTION TEN DECLARATION: You must read and understand this section

I _____ (full name) declare that to the best of my knowledge, the answers to the questions in this application are correct. I understand that if any false information is given, or any material fact suppressed, I may not be accepted, or if I am employed, I may be dismissed.

I further authorise _____, Clubs New Zealand or their authorised agents to make such enquiries on the information supplied as is deemed necessary to determine my suitability for employment. I understand and accept that all such information supplied or verified concerning me will be done within the provisions of the Privacy Act 1993. I further understand that all information gathered will be used only to verify my employment details and that I have a right of access to all information gathered to ensure accuracy.

Signed: _____ Date: _____