

Application for Employment



Instructions for Applicants

Mark your application: Private and Confidential - Attention: Human Resources Manager
Post to: South Waikato District Council
Private Bag 7
TOKOROA 3444
Or Deliver to: South Waikato District Council, Torphin Crescent, Tokoroa OR Overdale Street, Putaruru
Or Email to: hr@southwaikato.govt.nz
Telephone: (07) 885 0340

The information in this form is for the purpose of assessing your suitability for employment by the South Waikato District Council ('Council'), which may include subsequent changes in employment with Council. The form is to be personally completed in the applicant's own writing and signed by the applicant. If there is insufficient room for your purposes, additional sheets should be used, signed and dated by the applicant and attached to this application form.

Notes:

- If you are attaching your Curriculum Vitae, and that document accurately provides any information sought in this application, you may note the appropriate question or section "refer attached CV".*
- Completion of this form does not indicate that there is any obligation on Council to engage the applicant.*

Position Applied for:

Where did you learn about this vacancy?

Section 1 - Personal Information

First Names:

Surname:

Are you known by another name?

Yes

No

If yes, what other names are you known by?

First Names:

Surname:

Residential Address:

Home Phone:

Postal Address:

Work Phone:

Email:

Mobile:

Section 2 - Education

Name of School/Technical Institute/University

From

To

Qualifications Obtained

Where appropriate, you will be required to produce original qualification documentation.

Section 3 - Skills and Experience

Please list all skills and experience you have relevant to the position applied for:

Section 4 - Employment History *(start with most recent position)*

Name of Employer:				
Address:				
Position Held:				
Nature of Work				
Length of Service:	From:		To:	
Reason for Leaving:				

For the purpose of complying with the Privacy Act 1993, do you consent to Council contacting your current employer for the purpose of reference checking?

<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Not Employed
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Name of Employer:				
Address:				
Position Held:				
Nature of Work				
Length of Service:	From:		To:	
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Referees: Please give details of three referees who may be contacted, preferably two work-related and one personal.			
Name	Address	Phone No	Occupation

For the purpose of compliance with the Privacy Act 1993, do you consent to Council seeking verbal or written information on a confidential basis about yourself from representatives of your previous employers and/or referees and authorise the information sought to be released by them to Council for the purposes of ascertaining your suitability for the position you are applying for? Do you understand that the information received by Council is supplied in confidence as evaluative material and will not be disclosed to you?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, signature: <input type="text"/>	Date: <input type="text"/>
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Section 5 - Resident Status

Are you a citizen of 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
If no, do you have the right of permanent residence or a work permit? (It will be necessary to produce your passport for verification.)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Are you an assisted immigrant under bond to the NZ Government or any other employer?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If yes, do you have authority to accept other employment?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Section 6 - Interests

Membership of Business, Professional or Trade Organisations	
Name of Organisation	Office Held

Hobbies/Interests: List your hobbies and interests

Section 7 - General

Do you have a current driving licence?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
If yes, Number: <input type="text"/>	Type: <input type="checkbox"/>	Learner	<input type="checkbox"/>	Restricted	<input type="checkbox"/>	Full
Classes held: <input type="text"/>	Any demerit points?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Has your licence ever been endorsed?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
If yes, give brief details: <input type="text"/>						
Do you have any cases pending which would affect your licence?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
Have you ever been convicted of a criminal offence (<i>not including any concealed under the Criminal Records (Clean Slate) Act 2004</i>)?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
If yes, give brief details: <input type="text"/>						
Do you consent to a formal criminal record check if it is a prerequisite for employment?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
Are you currently awaiting the hearing of charges in a civil or criminal court of law?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
If yes, give brief details: <input type="text"/>						
Are you a member of a territorial force unit?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
If, yes, have you completed the whole time training?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		

Are you making application for an advertised position?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If no, what type of position are you interested in?				
Have you previously been employed by Council?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If yes, when?				
Do you have any relatives currently employed by Council?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If yes, who?				
What is the relationship with them?				
What is their occupation?				
If you are currently employed, please state reason for wishing to work for Council				

Section 8 - Medical *(tick box which applies and provide details where required)*

Do you agree to undergo a medical examination by a doctor nominated by Council, if required?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Do you have any condition that may affect your ability to effectively carry out the functions and responsibilities of the position applied for?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Approximately how many days have you been absent from work in the last 12 months other than for annual leave and public holidays?				

Section 9

If your application is successful, when could you start work?				
Please note that any supporting documentation you forwarded with your application will be destroyed after one month.				

Section 10 - Declaration

I,				(full name)
<p>declare that, to the best of my knowledge, the answers to the questions 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 for employment by Council. If such information or fact is discovered after I have been employed by Council, my employment will be terminated. I also understand that any false information given in relation to my medical history may result in my loss of entitlement for any compensation from ACC.</p>				
Signature:			Date:	