

APPLICATION FOR EMPLOYMENT

Personal Details

Position applied for:	
Store:	
Surname:	
First names:	
Current address:	
Post code:	
Telephone:	Home:
	Mob:
Email address:	

Current occupation

(Please tick the option that applies to you)

Student	Casual worker	Part-Time worker	Full-time worker	Other
Business/School nam	e:			
Location:				
Other relevant details	:			



Employment History

Please fill out the employment history section with your recent/current job first. Please fill out the following details for your three most recent positions. Please note we will require full reference checks.

Employer		
Address		
Dates	From:	То:
Position held		
Reason for leaving		
Rate of pay		
Employer		
Address		
Dates	From:	То:
Position held		
Reason for leaving		
Rate of pay		



No

Referees

(Please provide latest employer and at least one previous employer)

Q2. If not, do you have the right to work in New Zealand?

Yes

Name	
Job Title	
Company	
Phone	
Name	
Job Title	
Company	
Phone	
Name	
Job Title	
Company	
Phone	
Seneral Information	
Please tick the option that applies to you)	
1. Are you a New Zealand citizen?	
Yes	No



Q3. Do you have a work permit?	
Yes	No
If yes, when does it expire?	
Q4. Have you ever been convicted of a criminal off	ence?
Yes	No
If so, give brief details:	
, 3	
OF Have very supplied and an initial factor and	usinal affanas had a seinsinal association as an one or
currently before the court or awaiting a hearing o	minal offence, had a criminal conviction, or are you r outcome?
Yes	No
If so, give brief details:	
Q6. Have you ever been dismissed from any previous	ous employment?
Yes	No
If so, give brief details:	
ii so, give bilei detaits.	
Q7. Have you ever been the subject of an accusation employer?	on and/or investigation for dishonesty by a previous
Yes	No
If so, give brief details:	
Q8. How many days have you missed from work/s	school over the past year other than approved
holiday/sick/disability leave?	
If so give brief details:	
-	
Q9. How many days have you been late to work/so	chool over the past year other than approved
holiday/sick/disability leave?	



Q10. What cla	ss of driving lice	ence do you have	?			
Q11. Do you ha	ave any demerit	points?				
	Yes				No	
			,			
lf so, how ma	ny?					
Q12. What tra	nsportation arra	ngements do you	u have to attend	your place o	f work?	
Q13. Do you k	now any person	currently emplo	yed by this com	 pany?		
	Yes				No	
Q14. If you ar	e offered a posit 	ırly rate you will	earliest you cou	ld commence	e? 	
		ble to work? <i>(Plea</i>			vailable for)	
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Q18. What is y	our level of skat		wledge? <i>(Please</i>	tick the option	n that applies to yo	
None	E	Basic	Confid	ent	Experier	nced
Q19. What is y	your level of sur	f hardware know	rledge? <i>(Please t</i>	ick the option	that applies to you)
None	E	Basic	Confid	ent	Experier	nced



Q20. How comfortable to you feel greeting and conversing with customers? (Please tick the option that applies to you)

Not Comfortable	Very Comfortable
<u>Medical Information</u>	
(Please tick the option that applies to you)	
Q1. Have you ever suffered from an injury at work that	required you to take time off?
Yes	No
If so, give brief details:	
Q2. Do you have any illness or injury that might prever	nt you from performing your work?
Yes	No
If so, give brief details: Q3. Are there any special services or facilities we need duties?	
Yes	No
If so, give brief details:	
Q4. Have you ever taken more than 5 days absence du	e to your own illness in the last 12 months?
Yes	No
Q5. Do you smoke?	
Yes	No



Declaration:

I declare that the information provided in my job Application Form is to the best of my knowledge a true and correct record. I consent to the company seeking verbal or written information on a confidential basis about me, from representatives of my previous employers and/or referees, and I authorise the information sought to be used by the company for the purpose of ascertaining my suitability for the position for which I am applying.

I authorise this company, if applicable, to request a copy of my credit and qualifications record, motor vehicle driving record, and any other investigative report deemed necessary through various third party sources. I will be notified as to the nature and scope of such investigations. I hereby agree if required, to submit to any drug/alcohol test required of me. I understand that the information received by the company is supplied in confidence as evaluative material and will not be disclosed to me.

Have you read the Job Position Descript

Yes	No
Applicant's signature:	
Date:	