



CONFIDENTIAL

APPLICATION FOR EMPLOYMENT

(Please print or write in your own hand)

PRIVACY ACT PROVISIONS

The information you provide in this application for employment will be collected and held by the Gore District Council.

This information is collected for the purpose of assessing your suitability for employment at Gore District Council which may include subsequent changes in employment within the Council and to meet the Council's information requirement as potential employer.

I understand that I may access personal information about me held by the Gore District Council and to seek any correction you think necessary to ensure accuracy. This access to information excludes reference checks undertaken by the Council and all evaluation or opinion material compiled by the Gore District Council for the purpose of assessing my suitability, eligibility and qualifications for employment.

NOTE: You should provide complete information in answer to each question unless otherwise advised, regardless of whether you consider it relevant to the position applied for.

POSITION APPLIED FOR:

PERSONAL INFORMATION

Preferred Title (Dr/Mr/Mrs/Miss/Ms)	
Surname	
First Names	
Preferred Name	
Residential Address	
Mailing Address	
Telephone (during office hours)	
Telephone (out of office hours)	
E-Mail Address	

EDUCATION

Name of Secondary and Tertiary Institutions attended	From	To	Qualifications

Other qualifications or certificates you consider relevant (show dates gained):

NB: Please include **copies** only of qualifications and certificates – **not originals**.

Membership of relevant professional associations and offices held:

Details of relevant post qualification training:

EMPLOYMENT HISTORY

Details of most recently held position	
Name of employer	
Address	
Phone	
Position held	
Position reported to	
Number of staff responsible for	
Key tasks	

Previous employment – start with most recent position and include periods of study			
Employer	From/To	Position held and nature of work	Reason for leaving

Do you agree to enquiries being made as to the accuracy of information contained in this application form, or any other matters relating to your suitability for employment.

	Yes	No	Comments if any
Most recent employer	<input type="radio"/>	<input type="radio"/>	
Past employer	<input type="radio"/>	<input type="radio"/>	
Other person	<input type="radio"/>	<input type="radio"/>	

REFEREES

Name	Address	Phone	Occupation/Position

Please also supply **copies** (not originals) of two recent references.

GENERAL EXPERIENCE RELEVANT TO POSITION

Include job experience, spare time interests, or anything you consider that might support your application.

LEISURE TIME INTERESTS

Give details of general, recreational and community activities involved in

GENERAL

	Yes	No
Do you intend to engage in other paid work whilst employed in this position?	<input type="radio"/>	<input type="radio"/>
Do you have a current drivers licence?	<input type="radio"/>	<input type="radio"/>
If yes, what class?		
Licence number		
Are you awaiting hearing of any charges for driving offences?	<input type="radio"/>	<input type="radio"/>
Have you ever been charged or convicted of a criminal offence?	<input type="radio"/>	<input type="radio"/>
If yes, give brief details		
Are you prepared to work overtime?	<input type="radio"/>	<input type="radio"/>
Do you have a right of permanent residence in New Zealand or a valid work permit?	<input type="radio"/>	<input type="radio"/>
Are you prepared to abide by safety rules and work rules?	<input type="radio"/>	<input type="radio"/>
Do you know any person currently employed here?	<input type="radio"/>	<input type="radio"/>
If yes, who?		

HEALTH

	Yes	No
Have you suffered any injury which has resulted in your taking time off work?	<input type="radio"/>	<input type="radio"/>
Are you allergic to, or have sensitivity to any substances or chemicals?	<input type="radio"/>	<input type="radio"/>
Have you ever suffered any back injury or back strain?	<input type="radio"/>	<input type="radio"/>
Have you ever suffered from any overuse injuries, ie RSI?	<input type="radio"/>	<input type="radio"/>
Are you taking any drugs or medicine?	<input type="radio"/>	<input type="radio"/>
Have you suffered any of the following:		
Hearing loss	<input type="radio"/>	<input type="radio"/>
Heart complaint	<input type="radio"/>	<input type="radio"/>
Blackouts or fits/seizures	<input type="radio"/>	<input type="radio"/>
Asthma	<input type="radio"/>	<input type="radio"/>
Colour blindness	<input type="radio"/>	<input type="radio"/>
Eye sight which is not corrected by wearing glasses	<input type="radio"/>	<input type="radio"/>
Do you have any other condition which may affect your ability to effectively carry out the functions and responsibilities of the position applied for?	<input type="radio"/>	<input type="radio"/>
If so, please give details		

ADDITIONAL INFORMATION

Any additional information you wish to provide.

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 also understand that any false information given in the medical portion of this form may result in my loss of entitlement for any compensation from ACC.

_____ Signature

_____ Date

Please complete fully and return (marked Confidential) to:

The HR Manager
Gore District Council
PO Box 8
GORE

*The Gore District Council is a member of
the Equal Employment Opportunity Trust*

