APPLICATION FOR EMPLOYMENT



Attached is an application for employment form which you are requested to complete, personally.

The application form is a source of information which will be used to assist us when considering your suitability for the position for which you are applying. If successful, such information shall form part of our personnel records. Failure to supply the information requested would prejudice our ability to assess your suitability.

You are entitled to have access to this information upon request.

Information relating to unsuccessful applicants shall be retained for a period of not more than 12 months.

The above information is provided in accordance with the Privacy Act 1993.

**Note**: The completion of this form does not indicate that there is any obligation on Central Hawke’s Bay District Council to engage the applicant.

**PURPOSE**

This information is collected for assessing your suitability for employment with Central Hawke’s Bay District Council.

## Your access to this information

You have a right of access to personal information and to seek any correction you think necessary to ensure accuracy.

**Returning your application**

Please complete and return the application with a copy of your CV.

Please post your application to: Human Resources

Central Hawke’s Bay District Council

P O Box 127

WAIPAWA

OR Email: hr@chbdc.govt.nz

**Application for employment – Central Hawke’s Bay District Council**

**Position applied for:**       **Date:**

### SECTION 1 – PERSONAL INFORMATION

|  |  |  |
| --- | --- | --- |
| Surname: | |  |
| First names: | |  |
| Preferred name: | |  |
| Residential address: | |  |
| Telephone: | Home: |  |
|  | Mobile: |  |
| Email: | |  |

**Resident Status**

|  |  |
| --- | --- |
| Are you a citizen of New Zealand? |  |
| If no, do you have the right of permanent resident? |  |
| If no, do you have a work permit (production of a passport is required for verification)? |  |

### SECTION 2 – EDUCATION

Name of education organisation (eg. School/college/training establishment) of highest qualification achieved:

Number of years attended:

Qualification/standard of achievement (supporting evidence may be required):

What qualifications/certificates/licences/or courses do you have relevant to your duties for the position applied for?

Please describe the skills you hold which are relevant to the position applied for:

Computer skills:

### SECTION 3 – EMPLOYMENT HISTORY

*Please provide details of previous employment.*

|  |  |  |
| --- | --- | --- |
| **Present or most recent employer** | | |
| Name of employer: |  | |
| Address: |  | |
| Length of service: | From: | To: |
| Position held: |  | |
| Nature of work: |  | |
| Number of hours worked per week: |  | |
| Reason for leaving: |  | |

|  |  |  |
| --- | --- | --- |
| **Next most recent employer** | | |
| Name of employer: |  | |
| Address: |  | |
| Length of service: | From: | To: |
| Position held: |  | |
| Nature of work: |  | |
| Number of hours worked per week: |  | |
| Reason for leaving: |  | |

|  |  |  |
| --- | --- | --- |
| **Next most recent employer** | | |
| Name of employer: |  | |
| Address: |  | |
| Length of service: | From: | To: |
| Position held: |  | |
| Nature of work: |  | |
| Number of hours worked per week: |  | |
| Reason for leaving: |  | |

|  |  |
| --- | --- |
| Have you ever worked for us before? |  |
| If yes, where/when and in what role? |  |
| Do you have secondary employment? |  |
| If yes, please give details: |  |
| Where do you think your main talents lie? |  |

**Referees**

(please give details of referees that you authorize us to contact, preferably two work related referees).

|  |  |
| --- | --- |
| Name: |  |
| Phone number: |  |
| Relationship to you: |  |
| Occupation/Position held: |  |

|  |  |
| --- | --- |
| Name: |  |
| Phone number: |  |
| Relationship to you: |  |
| Occupation/Position held: |  |

If your application is accepted, when could you commence employment?

I consent to Central Hawke’s Bay District Council seeking verbal or written information about me on a confidential basis from representatives of my previous employers and/or referees and authorise the information sought to be released by them to the Council for the purposes of ascertaining my suitability for the position I am applying for. I understand that the information received by the Council is supplied in confidence as evaluative material and will not be disclosed to me.

If yes, signature:       Date:

### SECTION 4 – GENERAL

|  |  |
| --- | --- |
| Are you prepared to work overtime if required? |  |
| Are you prepared to work weekends if required? |  |
| Are you awaiting the hearing in a civil or criminal court of law on charges that may affect your application for this position? |  |
| If no, are you under investigation in respect of any matter that may affect your application for this position? |  |
| Have you ever been convicted of a charge in a court of law that may be viewed by us as having an effect on your application for this position? |  |
| **Criminal Convictions Declaration:**  If you have answered yes to any of the above questions, further information will be requested at interview. Please be aware that failure to disclose or declare information, or provision of false or misleading information may result in your employment being terminated if your application is successful. Part of the recruitment process may require a police check seeking a copy of your cr iminal record from the Ministry of Justice, regardless of whether you have declared convictions or not. I have read and understood the above Criminal Convictions declaration. |  |
| Do you have or are you aware of any likely commitments, which may prevent you from attending your place of employment during normal working hours? |  |

If yes, please detail:

|  |  |
| --- | --- |
| Do you have a current driver’s licence? |  |
| If yes, what class/es? |  |
| Driver’s Licence Number |  |
| Do you have any demerit points or endorsements? |  |

If yes, please detail:

What are your interests/hobbies/sports/clubs or community activities?

### SECTION 5 – MEDICAL

|  |  |
| --- | --- |
| Are you at present receiving medical treatment and/or medication that may affect your ability to effectively perform the employment duties pertaining to the employment position applied for? |  |
| If yes, please detail: | |
| Have you ever suffered from a back injury that may affect your ability to perform your employment duties? |  |
| If yes, please detail: | |
| State any serious injury, illness or medical condition caused by gradual process, disease or infection you have suffered that may affect your ability to effectively perform the employment duties pertaining to the employment position applied for? | |
|  | |
| Do you have any other known condition whatsoever which may affect your ability to effectively perform the employment duties pertaining to the employment position applied for? |  |
| If yes, please detail: | |
| Have you had any illness, injury or medical condition caused by gradual process, disease or infection that may be aggravated or further contributed to by the tasks pertaining to the employment position applied for? |  |
| If yes, please detail: | |
| If you are offered employment, the offer may be subject to your obtaining a full medical clearance for the position. Do you agree to undergo a medical examination if required? |  |
| If offered this position, you may be requested to undergo a basic medical assessment and/or tests, at Council’s expense, to assess your capacity to safely carry out the tasks required in the job. This may include eye tests, hearing tests, etc… Would you consent to a medical assessment, which may include Drug and Alcohol testing, and to the results being communicated to the Council (on a confidential basis)? |  |

I       (full name) declare that to the best of my knowledge the information supplied in this application and in any curriculum vitae and/or resume provided is 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 with Central Hawke’s Bay District Council, or if I am employed, my employment will be terminated. I also understand that any false information given in relation to my health may disqualify me for cover under the Accident Insurance Act (1998).

Signature:       Date: