



CONFIDENTIAL
APPLICATION FOR EMPLOYMENT
(To be completed personally by applicant)

This information is collected for the purpose of assessing your suitability for employment with Arataki Ministries.

Date of Application _____

POSITION APPLIED FOR _____

YOUR NAME Family Name _____

Given Names (underline name used) _____

Are you known by any other name(s)? Yes/No

If so please give details _____

YOUR CONTACT ADDRESS AND TELEPHONE NUMBERS Contact Address _____

Contact Telephone Number _____

Mobile Number _____

Email _____

Have you reached the current school leaving age? Yes/No

LEGAL WORK Are you legally entitled to work permanently in New Zealand? Yes/No

STATUS If yes, can you produce evidence if required? Yes/No

EDUCATION
(including
university, further
education, etc
where applicable)

Name of secondary school(s) attended

Other Qualifications

(Subjects)

QUALIFICATIONS

Do you have any other qualifications/certificates/licences/or attended any courses (give details)?

Please describe the skills you hold which are relevant to the position applied for (e.g. for a typist - typing speed, word processing capability, shorthand capability, etc).

EMPLOYMENT HISTORY

Present or Most Recent Employer

Company

Address

Job Held

Main Duties

Hours worked p/wk

Length of Service

Reason for Leaving

For the purposes of compliance with the Privacy Act 1993 do you consent to the Organisation contacting your present employer for the purposes of reference checking?

Yes/No

Next Most Recent Employer

Company _____
Address _____
Job Held _____
Main Duties _____
Hours worked p/wk _____
Length of Service _____
Reason for Leaving _____

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Company _____
Address _____
Job Held _____
Main Duties _____
Hours worked p/wk _____
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Next Most Recent Employer

Company _____
Address _____
Job Held _____
Main Duties _____
Hours worked p/wk _____
Length of Service _____
Reason for Leaving _____

Give details of any other job which may be relevant _____

Have you ever worked for this organisation before? Yes/No

If yes, where and when _____

Do you have secondary employment? Yes/No

If yes, please detail _____

REFEREES

Give name, address and telephone numbers of at least two referees.
(Preferably from where you have worked and direct-reported to):

Name: _____

Name: _____

Position: _____

Position: _____

Organisation: _____

Organisation: _____

Phone No: _____

Phone No: _____

Email: _____

Email: _____

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

I consent to the Organisation seeking verbal or written information on a confidential basis about me from representatives of my previous employers and/or referees and authorise the information sought to be released by them to the organisation for the purposes of ascertaining my suitability for the position I am applying for.

Yes/No

If yes please sign: _____ Date: _____

GENERAL

Have you had any criminal convictions?

Yes/No

If yes, please detail: _____

Are you awaiting the hearing of charges in a civil or criminal court of law?

Yes/No

If yes, please detail: _____

We are required to do a Police check before a staff member is permanently employed.

Do you have a current drivers licence?

Yes/No

If yes, what class? _____

Drivers Licence No: _____

Do you have any demerit points or endorsements?

Yes/No

If yes, please detail: _____

MEDICAL

Have you had an injury or medical condition caused by gradual process, disease or infection for example hearing loss, sensitivity to chemicals, repetitive strain injuries that may be aggravated or further contributed to by the tasks of this job.

Yes/No

If yes, please detail _____

Are you aware of any known condition, serious injury or illness that may affect your ability to effectively carry out the functions and responsibilities of the position applied for?

Yes/No

If yes, please detail _____

Do you agree to undergo a medical examination if required?

Yes/No

Do you consent to the organisation retaining the information contained in this application form for the purposes of considering your suitability for any other position that may arise with this organisation in the future?

Yes/No

Note: The following declaration must be completed for your application to be considered

DECLARATION

I, _____ (full name) declare that to the best of my knowledge the answers 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, or if I am employed, my employment will be terminated. I also understand that any false information given in relation to my medical history with regards to gradual process, disease or infection can result in loss of entitlement for any compensation from ACC.

Signed: _____ Date: _____

NOTE: *The completion of this form does not indicate that there is any obligation on the organisation to engage the applicant.*