



**Application to be completed in applicant's own handwriting - please print.**

**Position Applied For** \_\_\_\_\_

**Work Required** Full time  Part time  Casual

**Please tick days available:** Mon \_\_\_ Tues \_\_\_ Wed \_\_\_ Thurs \_\_\_ Fri \_\_\_ Sat \_\_\_ Sun \_\_\_

**Personal Information**

**Full Name** \_\_\_\_\_

**Address** \_\_\_\_\_

\_\_\_\_\_

**Telephone** \_\_\_\_\_

**Do you have a current driver's licence?** Yes  No

Class and number: \_\_\_\_\_

**Health and Physical Particulars**

Have you ever suffered any type of personal injury caused by a work-related gradual process, disease, or infection? Yes  No

Have you ever had any condition, which is likely to contribute to a work-related gradual process injury, disease, or infection? Yes  No

Have you ever had any serious illness, operation or accident, or condition that could hamper your work in this position? Yes  No

If yes, please specify

\_\_\_\_\_

**Qualifications** (Certificates to be supplied)

\_\_\_\_\_

\_\_\_\_\_

**Have you been charged with any offences in the last 5 years?** If 'yes', please provide details:

\_\_\_\_\_

**Do you have any legal proceedings pending?** If 'yes', please provide details:

\_\_\_\_\_

**Have you been declined certification as a Crowd Controller (Door Security)?** Yes  No

**Sale of Liquor Act and Gambling Act Requirements** Have you been declined 'key person' status in terms of the Gambling Act or been declined a General Manager's Certificate in terms of the Sale of Liquor Act? If 'yes', please provide details.

**Do you have a General Manager's certificate for the purposes of the Sale of Liquor Act?**

Yes  No

**Is your financial position and credit rating sound?** If unsure, give particulars.

**Are you legally entitled to work in New Zealand?** Yes  No

**Do you have a work permit?** Yes  No  **If yes when does this expire?**

Work permits or evidence of authority to work in New Zealand may be requested.

**Please supply the names and telephone numbers of at least two Referees**

Please provide last employer and at least one previous employer.

**Employment Record: ALL prior positions must be listed.**

**Last or Present Position** \_\_\_\_\_

**Employer** \_\_\_\_\_

**Nature of work** \_\_\_\_\_ **From** \_\_\_\_\_ **To** \_\_\_\_\_

**Reason for leaving** \_\_\_\_\_

**Previous Employer** \_\_\_\_\_

**Nature of work** \_\_\_\_\_ **From** \_\_\_\_\_ **To** \_\_\_\_\_

**Reason for leaving** \_\_\_\_\_

**Previous Employer** \_\_\_\_\_

**Nature of work** \_\_\_\_\_ **From** \_\_\_\_\_ **To** \_\_\_\_\_

**Reason for leaving** \_\_\_\_\_

**APPLICANT'S DECLARATION**

**I CERTIFY** that the above information is true and correct and authorise investigation of all information contained herein for the purpose of ascertaining my suitability for employment, including conducting credit and criminal record checks through the appropriate authorities and contacting referees and previous employers. I understand that if I have given false or misleading information or if I have left out any important information, I may not be considered for appointment. If I am appointed before any inaccuracies on this form are discovered, my employment may be terminated. I understand that in some situations, providing false information may amount to an offence under the Crimes Act. I understand that if I accept employment I will be required to sign an Employment Agreement.

If appointed, I agree to observe all rules, policies and procedures issued by the establishment.

Applicant's signature \_\_\_\_\_ **Date:** \_\_\_\_\_