



APPLICATION FOR EMPLOYMENT

Application to be completed in your own handwriting

Position Applied For

Please circle days available: Mon Tues Wed Thu Fri Sat Sun
And state daytime and/or evening D E D E D E D E D E D E D E

Minimum acceptable gross hourly rate \$ per hour

Personal Information

Full Name

Address

Telephone Date of Birth

Do you have a current driver's licence? Yes No
Class and number:

Do you have your own transport Yes No

Health and Physical Particulars

Have you ever suffered any type of personal injury caused by a work-related gradual process, disease, or infection?
Have you ever had any condition, which is likely to contribute to a work-related gradual process injury, disease, or infection?
Have you ever had any serious illness, operation or accident, or condition, which would hamper your work in this position?

If yes, please specify

Are you a smoker? Yes No

Qualifications (Certificates may be requested)

Have you been charged with any offences in the last 5 years? please provide details

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

Sale of Liquor Act and Gambling Act Requirements Have you been declined 'key person' status in terms of the Gambling Act or declined a General Manager's Certificate in terms of the Sale of Liquor Act?

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

o

Reason for leaving

Continue on another sheet if required or supply a copy of your CV

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: