



Confidential Application Form

The Application Form is a source of information which will be used by the Company to consider your suitability to the position for which you are applying and/or subsequent changes in employment with the hotel. If successful, such information shall form part of the Company's personnel records. Failure to supply the information in full would prejudice the Company's ability to assess your suitability for the position. **Please complete all questions fully.**

Note: The completion of this form does not indicate that there is any obligation on this operation to engage the applicant. Owing to the large number of applications received, the company may not always contact unsuccessful applicants. The Company undertakes to destroy the information collected relating to all unsuccessful candidates. Information collected will not be shared with third-parties and will be treated in confidence.

To be completed personally by Applicant

Date of Application _____

APPLICATION FOR EMPLOYMENT

Position applied for (list all positions you wish to be considered for). _____

Your Name (in block letters) Surname _____

Given Names (underline name used) _____

Are you known by any other name(s)? (give details) _____

Your Home Address and Number & Street _____

Telephone Numbers Suburb and Town _____

Home Phone No. _____

Cell/ Work Phone No. _____

Age Are you over eighteen years of age? Yes/No

Do you have the right to work in New Zealand? Yes/No

If yes, what is that right based upon? _____

If you hold a work permit: Please indicate the EXPIRY DATE of the work Permit: _____

I undertake to provide a copy of my birth certificate, permanent residency or work permit within 24 hrs of a request whether verbal or written Yes/No

QUALIFICATIONS

School Qualifications (school certificate, university entrance etc) (subjects)

Do you have any other qualifications/certificates/licenses/or attended any course (give details)



Can you speak any language other than English? _____

Do you have your apprenticeship papers? _____ Yes/No

In what trade were you apprenticed? _____

What was the name and address of the employer? _____

What trade qualifications do you hold? _____

EMPLOYMENT HISTORY (You do not have to fill in this section if you attach a full CV to this form).

Present or Most Recent Employer

DATE From _____ To _____ Company _____

Address _____

Position Held _____

Main Duties _____

No/ of hours worked per week _____

Reason for leaving _____

***** For the purposes of compliance with the Privacy Act 1993 do you consent to the Company contacting this employer for the purposes of reference checking _____ Yes/No**

Next Most Recent Employer

DATE From _____ To _____ Company _____

Address _____

Position Held _____

Main Duties _____

No/ of hours worked per week _____

Reason for leaving _____

Next Most Recent Employer

DATE From _____ To _____ Company _____

Address _____

Position Held _____

Main Duties _____

No/ of hours worked per week _____

Reason for leaving _____

Next Most Recent Employer

DATE From _____ To _____ Company _____

Address _____

Position Held _____

Main Duties _____

No/ of hours worked per week _____

Reason for leaving _____



Give details of any other job which may be relevant _____

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

If yes, when and where _____

Do you have secondary employment? Yes/No

If yes, please detail _____

REFEREES

Give name, position and telephone numbers of at least three referees from previous employment.

Name	Position	Phone No.
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If your application is accepted when could you commence employment? _____

I consent to the company seeking verbal or written information on a confidential basis about me from **any** representatives of my previous employers and/or above listed referees and authorise the information sought to be released by them to the company for the purposes of ascertaining my suitability for the position I am applying for. I understand that the information received by the company is supplied in confidence as evaluative material and may not be disclosed to me.

YES/ Any previous employer or above referee can be contacted. Sign _____ Date _____

NO/ Please only contact above listed referees. Sign _____ Date _____

GENERAL

Are you prepared to work shifts if required to do so? Yes/No

Have you worked shifts before? Yes/No

Do you have any previous criminal convictions? Yes/No

Are you awaiting the hearing of charges in a civil or criminal court of law? Yes/No

Are you prepared to handle all products, materials or equipment used in the industry? Yes/No

Do you have a current driver's license? Yes/No

If yes - what class? _____

Do you have any demerit points or endorsements? Yes/No

If yes, please detail _____

Do you have any relatives or known person currently employed by this business? Yes/No

If yes, who? _____

What is the relationship with them? _____



Are you a member of any clubs, organisations, or the like which might have relevance to the position you have applied for? (please detail) _____

Are you allergic to, or have any sensitivity to any substances or chemicals that may be aggravated by tasks relevant in this workplace/ position you have applied for?

Yes/No

Do you have any impairment, physical or mental, that would interfere with your ability to perform the job for which you have applied? _____

If there are any positions or types of positions for which you should not be considered or job duties you cannot perform because of a disability, please explain _____

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

Yes/No

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, or any material fact is 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 may result in my loss of entitlement for any compensation from ACC.

Signed _____

Date _____