

# **Application for Employment**

Attached is an Application for Employment Form that you are requested to personally complete.

This Application for Employment Form is a source of information that any business within the Eastland Group will use to assist in considering your suitability for the position. In the event that you are employed this information will form part of the Company's personnel records. Failure to supply the required information or providing inaccurate information will prejudice the Company's ability to determine your suitability for the position.

Any offer of employment will be made subject to you completing a pre-employment medical examination and questionnaire.

You have the right to view your personal information held by the Company in the presence of the Human Resource Advisor or a representative.

Note: Completion of this form does not infer any commitment to employ you.

**CONFIDENTIAL**

**Date of Application:** \_\_\_\_\_

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

**Eastland Group Business:** \_\_\_\_\_

**PERSONAL DETAILS**

Surname: \_\_\_\_\_

First Name(s): \_\_\_\_\_

Are you known by another name? \_\_\_\_\_

**CONTACT DETAILS**

House Number and Street: \_\_\_\_\_

Suburb and Town: \_\_\_\_\_

Home Telephone: \_\_\_\_\_

Mobile Telephone: \_\_\_\_\_

Email: \_\_\_\_\_

**WORK STATUS**

Are you a New Zealand Citizen? \_\_\_\_\_

If no, are you legally entitled to work in New Zealand? \_\_\_\_\_

*(You will be required to provide evidence of you entitlement to work in NZ i.e. production of a work permit or residency papers)*

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

**QUALIFICATIONS AND SKILLS**

Do you have a current Drivers Licence? **Yes**  **No**

Classes of Vehicle Licenses Held: \_\_\_\_\_

Firearms: \_\_\_\_\_ Classes Held: \_\_\_\_\_

Others: \_\_\_\_\_ Classes held: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**QUALIFICATIONS AND SKILLS (continued)**

Do you have any qualifications relevant to the position for which you are applying? If so, please provide details.

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Please describe any knowledge/skills/experience relevant to the position for which you are applying?

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**EMPLOYMENT HISTORY**

**DO NOT complete this section if you have provided a current CV, which contains all the information requested below:**

**Present or most recent employer details:**

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Position: \_\_\_\_\_

Key Responsibilities: \_\_\_\_\_

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Length of Service: \_\_\_\_\_

Number of hours worked per week: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**EMPLOYMENT HISTORY (continued)**

**Next most recent employer:**

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Position: \_\_\_\_\_

Key Responsibilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Length of Service: \_\_\_\_\_

Number of hours worked per week: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**Next most recent employer:**

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Position: \_\_\_\_\_

Key Responsibilities: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Length of Service: \_\_\_\_\_

Number of hours worked per week: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Other employment history, which may be relevant to the position applied for:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**GENERAL**

Are you prepared to work overtime if required? **Yes**  **No**

Are you prepared to travel and stay away from home overnight if required? **Yes**  **No**

Are you prepared to work flexible hours if required? **Yes**  **No**

**Referees**

**Please name at least two referees (at least one of which must be a recent employer)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Role/Organisation: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Role/Organisation: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship to you: \_\_\_\_\_

Role/Organisation: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

I consent to the Eastland Group seeking verbal or written information on a confidential basis about me from representatives of my previous employers and/or referee, and authorise that information sought to be released by them to the Eastland Group for the purposes of ascertaining my suitability for the position I am applying for. I understand that the information received by the Eastland Group is supplied in confidence as evaluative information and as such will not be disclosed to me or any other party.

I give consent for this information to be sought: **Yes**  **No**

**CRIMINAL RECORD**

Have you ever been convicted of a criminal offence?  
*(If yes, please give details)*

Yes  No

**Please note that under the Criminal Records (Clean Slate) Act 2004, you are not required to disclose certain offences.**

Are you awaiting the hearing of charges in a civil or criminal court?  
*(If yes, please give details)*

Yes  No

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**MEDICAL**

If you are offered employment, the offer is subject to you obtaining a full medical clearance following the completion of our pre-employment medical examination.

Have you had any injury or medical condition caused by gradual process, disease or infection e.g. hearing loss, sensitivity to chemicals, Occupational Overuse Syndrome (e.g. tendonitis, occupational Asthma, RSI, Carpal Tunnel, Tennis Elbow) disease, allergy or infection that may be aggravated or further contributed to by the tasks associated with this position?

Yes  No

If yes, please specify (with last date of treatment for each injury or illness):

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Are you on any medication, which may affect your performance in the position you have applied for?

Yes  No

If yes, please specify: \_\_\_\_\_

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Do you agree to undergo a pre-employment medical examination?

Yes  No

Do you agree to undergo a pre-employment drug test?

Yes  No

## DECLARATION

I, \_\_\_\_\_ (*full name*) declare that to the best of my knowledge the information I have supplied in this application form and/or in my Curriculum Vitae is true and correct. 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 may be terminated.

I further understand that any offer of employment if made is conditional on obtaining a full medical and drug clearance through the company's pre-employment medical examination and drug test. I also understand that the information requested within this application form is sought to establish my suitability for the position that I am applying and that if I do not provide such information then this application for employment may be rejected.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

NB: By returning this application electronically it is acknowledged that you fully agree with the above declaration. Applicants invited to the interview will be required to sign the above declaration.