

EMPLOYMENT APPLICATION FORM

TE PARI

Position Applied For: if any

Name:

SURNAME	FIRST NAMES
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 Today's Date:

Address: Contact Phone No.:

Email Address: Date available to start work:

Date of Birth: / / Male / Female

Where did you hear about Te Pari?
Word-of-Mouth Advertisements
Social Media Local Knowledge
Job ads: Oamaru Mail ODT TradeMe
Other:

Driver's Licence:

NUMBER	CLASSES HELD
EXPIRY	

Work Status: NZ Citizen NZ Resident NZ Work Permit *Evidence of your entitlement to work in NZ will be required.*

Are you currently employed?
If yes, where?

What sort of work are you interested in? Full Time / Part Time

Relevant Qualifications & Experience

Personal Interests

Are you prepared to:

Work overtime as and when required? Yes / No	Work flexible hours if required Yes / No
Travel and stay away from home overnight if required? Yes / No	Work Saturdays if required Yes / No

Do you have any known injury, illness or health condition of any kind, which may affect your ability to effectively carry out the functions and responsibilities of the position applied for?
Yes / No If Yes, give details:

Are you on any medication which may affect your performance in the position that you have applied for?
Yes / No If Yes, give details:

Have you had or do you have any past (within last seven years) or current claims with the Accident Compensation Corporation (ACC)? If so, please provide details.
Yes / No If Yes, give details:

Have you had any criminal convictions within the last seven years, or currently awaiting the hearing of any criminal charges?
Yes / No If Yes, give details:

