



CONFIDENTIAL

APPLICATION FOR EMPLOYMENT

DATE OF APPLICATION: / /20

To Be Completed By Applicant –
Please Print Clearly.

*Areas in grey not required if already included in CV

POSITION APPLIED FOR:	FULL/PART (circle)
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NAME	SURNAME
	GIVEN NAMES

ADDRESS AND CONTACT DETAILS Underline preferred contact number	NUMBER & STREET	_____
	SUBURB & TOWN	_____
	HOME PHONE NO.	_____
	WORK PHONE NO.	_____
	MOBILE PHONE NO	_____

EMERGENCY CONTACT DETAILS	NAME	_____	PH	_____
	ADDRESS	_____		
	RELATIONSHIP	_____		
	DOCTOR	_____	PH	_____

RESIDENTIAL	Are you a citizen of New Zealand?	YES / NO
	If not a citizen, do you have the right to work?	YES / NO
	Can you present proof of citizenship or right to work if required?	YES / NO

DATE OF BIRTH	Are you under 18 years of age?	YES / NO	DOB: _____
	ARTHUR BARNETT LTD STANDARD TERMS OF EMPLOYMENT PROVIDE FOR PAYMENT OF NEW ENTRANTS OR TRAINING WAGE WHERE APPLICABLE FOR EMPLOYEES UNDER 18 YEARS OF AGE		

* EDUCATION	NAME OF SECONDARY SCHOOL(S) ATTENDED	FROM/TO
	
	
	
	QUALIFICATIONS (NCEA LEVEL 1., LEVEL 2., SCHOOL CERTIFICATE, UNIVERSITY ENTRANCE, ETC)	
	
	
	NAME OF UNIVERSITY/POLYTECH ATTENDED	FROM/TO
	
	
	DEGREE/DIPLOMA COURSE TAKEN	
	
	

* OTHER QUALIFICATIONS AND LICENCES	DO YOU HAVE OTHER QUALIFICATIONS/CERTIFICATES/LICENCES OR HAVE YOU ATTENDED OTHER COURSES?

	WHICH CATEGORY(S) OF DRIVERS LICENCE DO YOU HOLD?

PLEASE ATTACH COPIES OF EXAMINATION RESULTS AND QUALIFICATIONS HELD

* LANGUAGES	CAN YOU SPEAK ANY LANGUAGE OTHER THAN ENGLISH?

* EMPLOYMENT HISTORY		Month	Year	Month	Year
PRESENT OR MOST RECENT EMPLOYER	FROM	/	TO	/	
COMPANY				
ADDRESS	PHONE			
JOB HELD				
DUTIES AND RESPONSIBILITIES:				
REASON FOR LEAVING				

NEXT MOST RECENT EMPLOYER		FROM	/	TO	/
COMPANY					
ADDRESS				PHONE	
JOB HELD					
DUTIES AND RESPONSIBILITIES:					
REASON FOR LEAVING					

NEXT MOST RECENT EMPLOYER		FROM	/	TO	/
COMPANY					
ADDRESS				PHONE	
JOB HELD					
DUTIES AND RESPONSIBILITIES:					
REASON FOR LEAVING					

HAVE YOU HAD ANY OTHER JOB (PAID OR UNPAID) WHICH MAY BE RELEVANT TO YOUR APPLICATION?

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HAVE YOU EVER WORKED FOR ARTHUR BARNETT LTD OR DIC LTD BEFORE?

YES / NO IF YES, WHEN?

WHERE?

PLEASE ATTACH COPIES OF ANY REFERENCES

GIVE NAME AND CONTACT DETAILS OF AT LEAST TWO (2) REFEREES (PREFERABLY FROM WHERE YOU HAVE WORKED) WHOSE CONSENT TO SPEAK WITH US HAS BEEN OBTAINED AND WHO MAY BE CONTACTED FOR A CONFIDENTIAL REFERENCE		
REFEREES		
NAME	COMPANY/POSITION	PHONE NO.
.....
.....

GENERAL:

DO YOU OBJECT TO INQUIRIES BEING MADE OF YOUR PAST OR PRESENT EMPLOYERS?

PAST YES/NO

PRESENT YES/NO

ARE YOU ABLE TO WORK FULLTIME? YES/NO

ARE YOU PREPARED TO WORK SATURDAYS/SUNDAYS? YES/NO

ARE YOU PREPARED TO WORK OVERTIME? YES/NO

ARE YOU PREPARED TO WORK AS AND WHERE REQUIRED? YES/NO

WHAT ARE YOUR INTERESTS/HOBBIES/SPORTS/COMMUNITY ACTIVITIES? – please give details

DO YOU HAVE ANY COMMITMENTS WHICH MAY REQUIRE YOU TO SEEK LEAVE IN ADDITION TO ANNUAL LEAVE? I.E. SPORTING ACTIVITIES, TERRITORIAL SERVICE – please give details

HEALTH AND SAFETY:

THE FOLLOWING INFORMATION IS REQUIRED TO ASSIST ARTHUR BARNETT LIMITED TO MEET ITS LEGAL OBLIGATIONS REGARDING HEALTH AND SAFETY AND TO ASSESS YOUR ABILITY TO PERFORM THE DUTIES OF THE POSITION SAFELY.

IT IS IMPORTANT THAT YOU LET US KNOW OF ANY HEALTH ISSUES OR DISABILITY THAT YOU HAVE THAT IS RELEVANT TO THE ROLE YOU ARE APPLYING FOR. IF YOU REQUIRE SPECIAL SERVICES OR FACILITIES, AND IT IS REASONABLE FOR US TO SUPPLY THESE, THEN WE WILL WORK TO ACCOMMODATE YOU.

DO YOU SUFFER FROM OR HAVE YOU SUFFERED FROM ANY INJURY OR MEDICAL CONDITION CAUSED BY GRADUAL PROCESS, DISEASE OR INFECTION (e.g. GRADUAL PROCESS INJURY, BACK INJURY OR STRAIN, HEARING LOSS, SENSITIVITY TO CHEMICALS), WHICH THE TASKS OF THIS JOB AS LISTED IN THE JOB DESCRIPTION MAY AGGRAVATE OR CONTRIBUTE TO? YES / NO

IF "YES" PLEASE PROVIDE DETAILS:

HAVE YOU ANY OTHER INJURY OR MEDICAL CONDITION WHICH MAY AFFECT YOUR ABILITY TO EFFECTIVELY AND SAFELY CARRY OUT THE FUNCTIONS AND RESPONSIBILITIES OF THIS POSITION? YES / NO

IF "YES", PLEASE PROVIDE DETAILS. ALSO DETAIL ANY TECHNICAL AIDS, EQUIPMENT OR ADAPTATIONS TO THE WORKPLACE THAT WOULD INCREASE YOUR ABILITY TO PERFORM THE REQUIREMENTS OF THE ROLE:

NOTE: IN SOME SITUATIONS, FURTHER SPECIFIC MEDICAL INFORMATION RELATING TO THE REQUIREMENTS OF THE POSITION MAY BE NEEDED. IN SUCH CASES THE APPLICANT MAY BE REQUIRED TO UNDERTAKE A PRE-EMPLOYMENT MEDICAL EXAMINATION (ARRANGED AND PAID FOR BY ARTHUR BARNETT LIMITED).

CRIMINAL OFFENCES:	
HAVE YOU BEEN CONVICTED OR DISCHARGED WITHOUT CONVICTION AS A RESULT OF CRIMINAL CHARGES IN NEW ZEALAND (EXCLUDING THOSE CONVICTIONS PROTECTED FROM DISCLOSURE BY THE CRIMINAL RECORDS [CLEAN STATE] ACT 2004) OR ANY OTHER COUNTRY?	YES/NO
ARE THERE ANY CHARGES PENDING AGAINST YOU?	YES/NO
HAVE YOU PREVIOUSLY BEEN DIVERTED, FOLLOWING CRIMINAL CHARGES BEING LAID AGAINST YOU?	YES/NO
IF YOU ANSWERED "YES" TO ANY OF THE ABOVE QUESTIONS, PLEASE PROVIDE DETAILS:	
WE RESERVE THE RIGHT TO REQUEST A POLICE CHECK, WHICH WOULD BE DONE WITH YOUR FULL KNOWLEDGE AND CONSENT.	

CREDIT CHECK:	
I GIVE MY CONSENT FOR ARTHUR BARNETT LIMITED TO OBTAIN A CREDIT CHECK	
DRIVERS LICENCE NUMBER (IF APPLICABLE): _____	DATE OF BIRTH: _____
_____	_____
SIGNED	DATE

CREDENTIAL CHECKING:	
FOR THE PURPOSES OF REFERENCE CHECKING I GIVE MY CONSENT FOR ARTHUR BARNETT LIMITED TO COMMUNICATE AND OBTAIN INFORMATION ABOUT ME FROM THE ACADEMIC INSTITUTIONS INCLUDED IN MY CURRICULUM VITAE IN ORDER TO CONFIRM MY QUALIFICATIONS.	
_____	_____
SIGNED	DATE

COMMENCEMENT:	
IF YOUR APPLICATION IS ACCEPTED, WHEN COULD YOU COMMENCE EMPLOYMENT?	
/ /	

DECLARATION:	
I DECLARE THAT THE ABOVE INFORMATION AND ANY ATTACHMENTS THAT I HAVE PROVIDED TO ARTHUR BARNETT LIMITED IN APPLYING FOR THIS POSITION ARE COMPLETE, ACCURATE AND CORRECT, AND I HAVE NOT OMITTED ANY INFORMATION THAT WOULD AFFECT THE DECISION TO EMPLOY ME.	
I UNDERSTAND THAT IF I AM SUCCESSFUL IN MY APPLICATION AND IT IS SUBSEQUENTLY DISCOVERED THAT INFORMATION I HAVE PROVIDED IS NOT COMPLETE, ACCURATE AND CORRECT OR I HAVE FAILED TO DISCLOSE INFORMATION, MY EMPLOYMENT MAY BE TERMINATED	
EVALUATIVE MATERIAL: I ACKNOWLEDGE THAT WRITTEN COMMENTS AND ASSESSMENT ON MY SUITABILITY IS EVALUATIVE MATERIAL AND WILL NOT BE RELEASED TO ME. ONLY THOSE IMMEDIATELY INVOLVED IN THE RECRUITMENT PROCESS WILL HAVE ACCESS TO THIS INFORMATION.	
_____	_____
SIGNED	DATE

OFFICE USE ONLY

COMMENTS

.....
SIGNED

.....
DATE

REFERENCE CHECK:

REFERENCE CHECK COMPLETED

YES / NO

REFERENCE CHECK ATTACHED

YES / NO

EMPLOY NOW

YES / NO

EMPLOY ON VACANCY

YES / NO