



**TAVERN HAREWOOD LTD** trading as **TAVERN HAREWOOD BAR & GRILL**  
**APPLICATION FOR EMPLOYMENT**

The completion of this form does not indicate that there is any obligation on this Company to offer employment to the applicant. The personal information you provide in this document will be held by this company for a limited period of time only and will be used for the purpose of assessing your suitability for employment. It will be accessible to senior management staff only. You have a right of access to this information to ensure its accuracy. This is a Confidential Document subject to the Privacy Act 1993

**SECTION ONE:**

**Position**

Location: **Tavern Harewood Bar & Grill – 333 Harewood Road, Bishopdale, ChCh**

Position applied for \_\_\_\_\_

- I am available to work: ☐ Full Time (as per an assigned roster)  
☐ Part Time (as per an assigned roster)  
☐ Casual (no guaranteed or fixed hours or days of work - as and when required)

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

**SECTION TWO:**

**Personal Information**

Surname or family names: \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(If under 20 years old)

Place of Birth: \_\_\_\_\_ Country of Birth: \_\_\_\_\_

Are you or have you been known by any other name(s)? i.e. Maiden Name ☐ YES ☐ NO

If **YES** please give details: \_\_\_\_\_

Current Residential Address: \_\_\_\_\_

Phone Numbers: Home ( ) \_\_\_\_\_ Mobile ( ) \_\_\_\_\_ Other ( ) \_\_\_\_\_

Email: Home \_\_\_\_\_ Work \_\_\_\_\_

**EMERGENCY CONTACT DETAILS:**

Name of Contact: \_\_\_\_\_ Relationship to contact: \_\_\_\_\_

Home address: \_\_\_\_\_

Phone Numbers: Home ( ) \_\_\_\_\_ Mobile ( ) \_\_\_\_\_ Work ( ) \_\_\_\_\_

**ANY OTHER RELEVANT DETAILS:**

**SECTION THREE:****Drivers Licence**

Do you hold a current NZ Drivers Licence?

☐ YES ☐ NO

If yes: Drivers Licence No. \_\_\_\_\_ Version (5b on licence):

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Classes on your licence \_\_\_\_\_

Do any special conditions apply to your licence?

☐ YES ☐ NO

If yes, give brief details: \_\_\_\_\_

Have you ever been disqualified from driving?

☐ YES ☐ NO

If yes, give brief details: \_\_\_\_\_

Do you have any current demerit points against your licence?

☐ YES ☐ NO

If yes, give brief details: \_\_\_\_\_

**SECTION FOUR:****Legal Work Status**

Are you a citizen of New Zealand?

☐ YES ☐ NO

If yes: Can you produce evidence if required?

☐ YES ☐ NO

If no: Do you have the right of permanent residence?

☐ YES ☐ NO

Do you have a work permit?

☐ YES ☐ NO

If yes: Please provide a copy of the relevant page in your passport.

Copy attached:

☐ YES ☐ NO**SECTION FIVE:****Education & Industry Specific Qualifications****Education:** includes NCEA, School Certificate or University Entrance, University, Technical Institute, licences, attendance at courses

Qualification:	Gained from:	When Completed
<b>Industry Specific:</b>		
Qualification:	Gained from:	When Completed



**SECTION SIX:****Employment History****1. Present or most recent Employer**

Employed from: \_\_\_\_\_ to \_\_\_\_\_

Company Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

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

Nature of work: \_\_\_\_\_

Reason for leaving / or wishing to leave \_\_\_\_\_

What is your notice period with your current Employer?: \_\_\_\_\_

**2. Next most recent Employer**

Employed from: \_\_\_\_\_ to \_\_\_\_\_

Company Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

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

Nature of work: \_\_\_\_\_

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

**3. Next most recent Employer**

Employed from: \_\_\_\_\_ to \_\_\_\_\_

Company Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

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

Nature of work: \_\_\_\_\_

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

For the purposes of compliance with the Privacy Act 1993 do you consent to the company contacting the people you have listed above to enquire into the accuracy of information supplied in this application form, or any other matter relating to your suitability for employment?

**Present Employer (1):** ☐ YES ☐ NO **Past Employer (2):** ☐ YES ☐ NO **Past Employer (3):** ☐ YES ☐ NO

Applicants Signature: \_\_\_\_\_

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

**OTHER:**

Are you a member of any territorial force unit?

☐ YES ☐ NO

If so, have you completed whole time training?

☐ YES ☐ NO

Are you prepared to work to a roster?

☐ YES ☐ NO

Are you prepared to work overtime if required?

☐ YES ☐ NO

Do you already have Secondary employment?

☐ YES ☐ NO

If yes: Please give details: \_\_\_\_\_

Would you engage in other paid work while employed in this position?

☐ YES ☐ NO

If yes: Please give details: \_\_\_\_\_

**SECTION SEVEN:****Health**

If you are offered employment the offer may be made subject to your obtaining a full medical clearance (by completion of a medical examination) to assess your fitness for the job for which you are applying. Do you consent to this?

☐ YES ☐ NO

Do you smoke?

☐ YES ☐ NO

Do you have a hearing disability?

☐ YES ☐ NO

Do you require corrective lenses or contact lenses to drive, read or use a computer?

☐ YES ☐ NO

Do you agree to undertake random drug and alcohol testing if required?

☐ YES ☐ NO

Are you allergic to, or have sensitivity to any substances or chemicals?

☐ YES ☐ NO

Have you ever suffered any back injury or back strain?

☐ YES ☐ NO

If yes, please detail \_\_\_\_\_

Have you ever suffered from any overuse injuries e.g. RSI or OOS?

☐ YES ☐ NO

If yes, please detail \_\_\_\_\_

Have you ever had an injury resulting in an ACC claim?

☐ YES ☐ NO

If yes, please detail \_\_\_\_\_

Have you ever been addicted to or had treatment for any form of substance abuse?  
(namely alcohol, prescriptive medicine or narcotics/drugs)

☐ YES ☐ NO

If yes, please detail \_\_\_\_\_

Have you ever suffered or been treated for depression or any stress related disorder?

☐ YES ☐ NO

Do you have any known condition, which might put yourself or other staff at risk?

☐ YES ☐ NO

If yes, please detail \_\_\_\_\_

How many days absence due to sickness or injury have you claimed in the last 12 months of employment?

☐

0-2

☐

2-5

☐

6-10

☐

11-15

☐

16-20

☐

over 20 days

In consideration of the duties outlined in the position description for this role, do you have any condition, illness, injury or disability which may affect your ability to effectively carryout the functions and responsibilities of the position you have applied for?

If so, please give details:



**SECTION EIGHT:****General**

Have you been charged or convicted with a criminal offence in the last 10 years?

☐ YES ☐ NO

If yes, give brief details: \_\_\_\_\_

**PLEASE NOTE: Criminal Records (Clean State) Act 2004 – to be eligible to state 'No' (above) you must have:**

- No convictions within the last 7 years;
- Never been sentenced to a custodial sentence (e.g. imprisonment, corrective training, borstal);
- Never been ordered to be detained in hospital due to a mental condition, following a criminal case, instead of being sentenced;
- Not been convicted of a 'specified offence' (e.g. sexual offending against children, young people or mentally impaired);
- Paid in full any fines, reparation or costs; and
- Never been indefinitely disqualified from holding or obtaining drivers licence as a result of repeat offences involving using of alcohol or drugs.

Are you awaiting the hearing of charges in a civil or criminal court of law?

☐ YES ☐ NO

If yes, give brief details: \_\_\_\_\_

Have you ever been dismissed, or been the subject of an investigation by your Employer for misconduct or serious misconduct or dishonesty?

☐ YES ☐ NO

If yes, give brief details: \_\_\_\_\_

Have you ever been the subject of the Police Diversion Scheme?

☐ YES ☐ NO

If yes, give brief details: \_\_\_\_\_

**SECTION NINE:****Hours of Work – Special requirements**

Due to the nature of our business there is a requirement for all Employees to be available to work on a variety of shifts as per an assigned roster that will be subject to change by the Employer to meet the needs of the business as and when required in accordance with an agreed period of notice. This means, if offered employment within our Company, you will be required to work **Weekends and Public Holidays** according to your rostered shift.

I agree, if offered employment, to work under the conditions outlined in Section Nine.

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

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

**SECTION TEN:****Any additional information**

Do you have any additional information that you consider may assist your application? i.e. languages, special skills etc.

**SECTION ELEVEN:****DECLARATION: You must read and understand this section**

I \_\_\_\_\_ (full name) declare that to the best of my knowledge, the answers to the questions in this application are correct. I understand that if any false information is given, or any material fact suppressed, I may not be accepted, or if I am employed, I may be dismissed. I further authorise **Tavern Harewood Ltd** or their authorised agents to make such enquiries on the information supplied as is deemed necessary to determine my suitability for employment. I understand and accept that all such information supplied or verified concerning me will be done within the provisions of the Privacy Act 1993. I further understand that all information gathered will be used only to verify my employment details and that I have a right of access to all information gathered to ensure accuracy.

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

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