



## APPLICATION FOR EMPLOYMENT

Please print all information clearly in your own handwriting.

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

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

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

Cell phone: \_\_\_\_\_ Home phone: \_\_\_\_\_

**Position applied for:** \_\_\_\_\_

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

*Please tick your daily availability to work:*

Desired employment:  Full time only  Part time only  Full or Part time

If selected, when are you available to start: \_\_\_\_\_

Mon	Tues	Wed	Thur	Fri	Sat	Sun

Do you have your own transport?  Yes  No

Have you ever suffered any type of personal injury caused by work-related gradual process, disease or infection?  Yes  No

Have you ever had any condition which is likely to contribute to a work-related gradual process injury, disease or infection?  Yes  No

Have you ever had any serious illness, operation, accident or condition which would hamper your work in this industry?  Yes  No

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

Are you legally entitled to work in New Zealand?  Yes  No

*-Please tick relevant box.*

Working Holiday Visa

Work Visa/Permit

NZ Resident

{ Please supply copy of passport.

Please list your qualifications relevant to this industry (Certificates to be supplied):

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

Have you had any criminal convictions in the last 5 years?  Yes  No

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

Do you have any legal proceedings pending? If 'yes', please provide details \_\_\_\_\_

\_\_\_\_\_

**Sale of Liquor Act and Gambling Act Requirements** Have you been declined 'key person' status in terms of the Gambling Act or declined a General Manager's Certificate in terms of the Sales of Liquor Act?  Yes  No

**Most recent or current employer:** \_\_\_\_\_

Dates of employment: From \_\_\_\_\_ To \_\_\_\_\_

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

Duties: \_\_\_\_\_

Reason for leaving (*be specific*): \_\_\_\_\_

**Previous employer:** \_\_\_\_\_

Dates of employment: From \_\_\_\_\_ To \_\_\_\_\_

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

Duties: \_\_\_\_\_

Reason for leaving (*be specific*): \_\_\_\_\_

**Previous employer:** \_\_\_\_\_

Dates of employment: From \_\_\_\_\_ To \_\_\_\_\_

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

Duties: \_\_\_\_\_

Reason for leaving (*be specific*): \_\_\_\_\_

Please list two professional referees that we may contact regarding your employment history.

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

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

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

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

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

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

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

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

**Applicant's Declaration:**

**I CERTIFY** that the above information is true and correct and authorise investigation of all information contained herein for the purpose of ascertaining my suitability for employment, including conducting credit and criminal record checks through the appropriate authorities and contacting referees and previous employers. I understand that if I have given false or misleading information or if I have left out any important information, I may not be considered for appointment. If I am appointed before any inaccuracies on this form are discovered, my employment may be terminated. I understand that in some situations, providing false information may amount to an offence under the Crimes Act. I understand that if I accept employment I will be required to sign an Employment Agreement.

If appointed, I agree to observe all rules, policies and procedures issued by the establishment.

Applicant's signature: \_\_\_\_\_

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