



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

Position applied for: _____

at: _____

If your Application for Employment is accepted, when could you commence with _____? ____/____/____

SECTION TWO: Personal Information

Surname or family names: _____

First Name: _____ Middle Name: _____ Date of Birth: ____/____/____

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: _____

How are you related to the person above? _____

Home address: _____

Phone Numbers: Home () _____ Mobile () _____ Work () _____

Any further 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?¹ 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, courses

Qualification:	Gained from:	When Completed:

Industry Specific:

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 / wanting to leave: _____

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: _____

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

If yes, please detail _____

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? YES NO

(namely alcohol, prescriptive medicine or narcotics/drugs)

If yes, please detail _____

Have you ever suffered or been treated for depression or any stress related disorder? YES NO

If yes, please detail _____

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

Please write clearly

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

If yes, give brief details: _____

Have you ever been required to appear before a military court, tribunal (including civilian) or other court?

If yes, give brief details: _____

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

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?

If yes, give brief details: _____

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

If yes, give brief details: _____

SECTION NINE

Any additional information

Do you have any additional information that you consider may assist your application?

.....
.....
.....
.....

SECTION TEN

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 _____, Clubs New Zealand 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: _____

IN CONFIDENCE WHEN COMPLETED



Privacy Unit
 Ministry of Justice
 National Office
 P O Box 2750
 WELLINGTON

For Office Use Only
 MoJ Request Number

REQUEST BY THIRD PARTY UNDER THE OFFICIAL INFORMATION ACT 1982 FOR A COPY OF AN INDIVIDUAL'S CRIMINAL CONVICTIONS HELD ON THE MINISTRY OF JUSTICE 'S COMPUTER SYSTEMS

SECTION 1: SUBJECT'S AUTHORITY TO RELEASE INFORMATION TO A THIRD PARTY

I hereby authorise the Privacy Unit, Ministry of Justice, to release a copy of my personal information, to the undersigned Third Party, for the purpose of:

- Pre-Employment vetting
- All convictions report
- I wish to receive a copy of the information provided to the Third Party.

Signature of subject and date:

X

X

SECTION 2: THIRD PARTY DETAILS

Third Party Name Details

Full Name of Third Party

Clubs New Zealand Inc.

Third Party Reference Number (if applicable)

Third Party Address Details

P O Box or Street Address

P O Box 11 749

Suburb

City

Wellington

Post Code

6032

Signature of Third Party

X

The term "subject" refers to the person whose criminal convictions are being requested.

The term "third party" refers to the requestor or ultimate intended recipient, such as an employer, insurance company, credit agency et cetera.

The Ministry of Justice will process this request as soon as is reasonably practicable, and in any case no later than 20 working days from receipt of this application.

This application and associated letters and reports will be disposed of three months after processing the response.

SECTION 3: SUBJECT'S DETAILS (Please use pen)

Personal Details

Surname	First Name	Middle Names (separate by comma)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Date of Birth (DD/MM/YYYY)	Place of Birth	Gender (Male/Female)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Previous Names – Maiden Name, Aliases

Surname	First Name	Middle Names (separate by comma)
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Postal Address

Street Address	<input type="text"/>
Suburb	<input type="text"/>
City	<input type="text"/>
Post Code	<input type="text"/>

Current Residential Address

Street Address	<input type="text"/>
Suburb	<input type="text"/>
City	<input type="text"/>
Post Code	<input type="text"/>
Ph. Daytime	<input type="text"/>
Ph. Home	<input type="text"/>
Fax:	<input type="text"/>

Previous Two Residential Addresses

Street Address	<input type="text"/>
Suburb	<input type="text"/>
City	<input type="text"/>
Post Code	<input type="text"/>

Street Address	<input type="text"/>
Suburb	<input type="text"/>
City	<input type="text"/>
Post Code	<input type="text"/>

Subject's Identification

Please attach a photocopy of the subject's identification. The identification may be a Driver Licence OR if subject does not hold a driver licence, a Passport. If subject has neither, the subject will need to complete Section 4.

Driver Licence **Passport**

SECTION 4: PROOF OF IDENTITY

ONLY TO BE COMPLETED IF SUBJECT DOES NOT HAVE A DRIVER LICENCE OR PASSPORT
Subject to ask someone who can confirm their identity to complete this section

The person who identifies subject must:

- have known subject for more than 12 months
- be aged 18 years or over
- have a day time phone number
- not be a relative
- not live at the same address
- be contactable during normal business hours

Surname	First Name	Middle Names (separated by comma)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Street Address	<input type="text"/>	Daytime Phone Number <input type="text"/>
Suburb	<input type="text"/>	Home Phone Number <input type="text"/>
City	<input type="text"/>	Fax Number <input type="text"/>
Post Code	<input type="text"/>	
Country	<input type="text"/>	

I declare that I have personally known

Surname	First Name	Middle Names (separate by comma)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Signature of identifier

For Years and vouch for his/her identity

X

If subject is unable to get someone to complete Section 4, they must complete a statutory declaration. The relevant form can be obtained from the local District Court or by contacting the Privacy Unit on 04 918 8800.