

APPLICATION FOR EMPLOYMENT FORM



Application to be completed in applicant's own handwriting - please print.

Venue(s) you would like to apply for:

Position Applied For

Date of Application

Work Required

Full time ☐

Part time ☐

Casual ☐

Please tick days available:

Mon ☐

Tues ☐

Wed ☐

Thurs ☐

Fri ☐

Sat ☐

Sun ☐

Do you have any commitments preventing you from working at certain times?

If your application is accepted, when could you commence employment

What attracts you to this position

Have you ever worked for an Ashburton Trust Venue Before?

If yes, where and when

Reason for leaving

Personal Information

Full Name

Address

Telephone

Email

Age (optional)

Do you have a current driver's licence? Yes ☐ No ☐

Class and number:

Qualifications (Certificates to be supplied)

Health and Physical Particulars

Have you ever suffered any type of personal injury caused by a 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 or accident, or condition, which would hamper your work in this position? Yes ☐ No ☐

If yes, please specify

Have you ever had a work related ACC claim? If yes please state a brief description

Have you been charged with any offences in the last 5 years? please provide 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 Sale of Liquor Act?

Is your financial position and credit rating sound? If unsure, give particulars.

Are you a New Zealand citizen? Yes ☐ No ☐

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

Do you have a work permit? Yes ☐ No ☐ **If yes when does this expire?**

Work permits or evidence of authority to work in New Zealand may be requested.

References

Please supply the names and telephone numbers of at least two Referees

Please provide last employer and at least one previous employer.

Employment Record Please list your last four positions.

Last or Present Position

Employer

Nature of work**From****To**

Reason for leaving

Previous Employer

Position

Nature of work**From****To**

Reason for leaving

Previous Employer

Position

Nature of work**From****o**

Reason for leaving

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:**