

## Application for Employment

Date of application \_\_\_\_\_

### Note

Please forward this completed application form together with a copy of your Curriculum Vitae and/or introduction letter. The completion of this form does not indicate any obligation on Council to engage the applicant.

### Purpose

In compliance with the Privacy Act the information given in this application is for the purpose of assessing your suitability for employment with Whangarei District Council (WDC). If you are successful, this material can also be used in the future for the purposes of transfer or promotion assessment. The form will be retained on your personal file for access by Human Resources and your Manager. If your application is unsuccessful it will be kept on file for 12 months and then destroyed.

### Position

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

How did you **first** learn of this vacancy

WDC website    Seek NZ website    Whangarei Leader    TradeMe Jobs    Word of mouth

Employment Agency (*please specify*) \_\_\_\_\_

Other (*please specify*) \_\_\_\_\_

### Your name in block letters

Given names (*underline name used*) \_\_\_\_\_

Family name \_\_\_\_\_

### Your details

Address \_\_\_\_\_

Phone no (*a/h*) \_\_\_\_\_ Phone no (*bus*) \_\_\_\_\_

Other no (*if any*) \_\_\_\_\_ Email \_\_\_\_\_

Have you reached the current school leaving age?  Yes    No

Are you a New Zealand/Australian citizen?  Yes    No

If no, are you:

legally entitled to work in New Zealand?  Yes    No

a holder of a current valid residence/work visa?  Yes    No

Please note that if successful with your application you will be required to provide WDC with your passport and visa details before commencing employment.

## Employment history

### Present or most recent employer

Company \_\_\_\_\_  
Address \_\_\_\_\_  
Job held \_\_\_\_\_  
Main duties \_\_\_\_\_  
Dates of employment \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

For the purposes of compliance with the Privacy Act 1993 do you consent to WDC contacting your present employer for the purposes of reference checking?  Yes  No

### Next most recent employer

Company \_\_\_\_\_  
Address \_\_\_\_\_  
Job held \_\_\_\_\_  
Main duties \_\_\_\_\_  
Dates of employment \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

### Next most recent employer

Company \_\_\_\_\_  
Address \_\_\_\_\_  
Job held \_\_\_\_\_  
Main duties \_\_\_\_\_  
Dates of employment \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

## Skills

Please describe the skills you hold which are relevant to the position applied for (e.g. for Administration – IT skills and accuracy, for Engineering - project management skills, for Policy research skills, for HR facilitation skills etc)

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

## Customer focus

Customer Service is an integral part of the way we do business. What customer service principles would you bring to Council if you were successful in your application?

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

## Referees

Give name, address and telephone numbers of at least two referees (*preferably from where you have worked most recently*)

Name \_\_\_\_\_ Position \_\_\_\_\_

Address \_\_\_\_\_

Phone no \_\_\_\_\_ Phone no \_\_\_\_\_

Name \_\_\_\_\_ Position \_\_\_\_\_

Address \_\_\_\_\_

Phone no \_\_\_\_\_ Phone no \_\_\_\_\_

I consent to Council seeking verbal or written information on a confidential basis about me from representatives of my previous employers and/or referees and authorise the information sought to be released by them to Council for the purposes of ascertaining my suitability for the position I am applying for.

I understand that the information received by WDC is supplied in confidence as  Yes  No  
 evaluative material and will not be disclosed to me

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

## Education (*Including university, further education etc, where applicable*)

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

## Qualifications **Do you have any other qualifications/certificates/licences or attended any courses (*give details*)**

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

## General

Have you ever been charged with, or convicted of, a criminal offence (*excluding minor traffic offences*)  Yes  No

*Please be aware that you are not obliged to declare certain offences which occurred more than 7 years ago under the Criminal Records Clean Slate Act 2004. If you have any doubts, please seek legal advice before completing this question.*

If you answered yes, please provide details \_\_\_\_\_

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

Do you consent to WDC requesting your criminal history from the Privacy Officer through a criminal reference check?  Yes  No

Do you have a current drivers licence?  Yes  No

If yes, what class \_\_\_\_\_ Driver's Licence no \_\_\_\_\_

Full Licence  Restricted Licence  Learner Licence

Do you have any demerit points or endorsements? *(If yes, please provide details)*

Please note, if your application is successful, Council will check the validity of your driver's licence through Driver Check (an internet site set up by New Zealand Transport Agency)

Do you have any relatives, friends or members of your household already employed by WDC *(If yes, please provide details)*?  Yes  No

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

What are your interests/hobbies/sports/clubs or community activities

Have you ever worked for WDC before? *(If so, when)*  Yes  No

Do you have secondary employment? *(If yes, please provide details)*  Yes  No

### Interview arrangements

If you are invited to interview do you have a condition/disability/ illness requiring special services or facilities? *(If yes, please detail)*  Yes  No

If you are invited to interview do you wish to bring a whanau or support group with you? *(this would be at your own cost)*  Yes  No

### Medical

The purpose of the following questions is to assist WDC to fulfil its legal and ethical responsibilities to prevent harm to our employees while at work. Dependent upon the range of tasks associated with the job, or reported medical conditions; you may be requested to undergo a further medical assessment. The purpose of which is to provide WDC with the additional information we require to assess your ability to carry out the job safely and without adversely affecting your health.

If you have any concerns or questions, please contact Human Resources, or the Health and Safety Co-ordinator.

Have you any ongoing health problems that may affect your ability to carry out the work you have applied for? *(If yes, how might WDC reasonably accommodate this health problem?)*  Yes  No

Have you had an injury or medical condition caused by gradual process, disease or infection, for example hearing loss, sensitivity to chemicals, repetitive strain injuries that may be aggravated or further contributed to by the tasks of this job? Please refer to the job description. *(If yes, please detail)*

Yes       No

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If yes, how might WDC reasonably accommodate this illness/disability/condition?

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Have you ever suffered from prolonged backache, back injury or a slipped disc?  Yes       No

Are you on any medication that could affect your health and safety, affect your ability to carry out the work for which you have applied, or affect your ability to get to/from work? *(If yes, please detail)*

Yes       No

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If yes, how might WDC reasonably accommodate this illness/disability/condition?

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Have you made any ACC or workplace accident insurance claim for disability (in the last 5 years) for a condition that might reoccur, or be aggravated by the work for which you have applied?  Yes       No

Do you consent to WDC requesting a report from the ACC, which will give a history of up to 5 years of your ACC claims?  Yes       No

If required do you consent to undergo a medical examination to assess your fitness for the job to which you are applying?  Yes       No

If applicable to your role do you consent to biological & health monitoring in accordance with the Health and Safety in Employment Act 1992?  Yes       No

If you are required to drive a company vehicle, do you suffer from any condition that could affect, or restrict, your ability to hold a driving licence?  Yes       No

In relation to the work, are there any special health/safety considerations you wish to note or discuss? *(If yes, please detail)*

Yes       No

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If applicable to your role, do you suffer from any allergy or asthma?  Yes       No

If applicable to your role, have you ever suffered from faints/fits, epilepsy, blackouts or giddiness  Yes       No

## Declaration

I, (*full name*) \_\_\_\_\_

declare that to the best of my knowledge the answers in this application and in any other documents enclosed are correct and I understand that if any false or deliberately misleading information is given, or any material fact suppressed, I will not be accepted, or if I am employed, my employment will be terminated.

I also understand that any false information given in relation to my medical history with regards to gradual process, disease or infection can result in my loss of entitlement for any compensation from ACC. I further understand that any offer of employment if made, may be conditional on my obtaining full medical clearance.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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