

Application for Employment Form

Please complete all sections of this form and provide a copy of your curriculum vitae with your application.

The information you provide on this form and any additional information you provide as part of your application will be used to consider your suitability for the position.

If you do not complete this application form in full, you may prejudice our ability to assess your suitability for the position.

If your application is successful, we will hold the information you supply through the application process on your personal file.

If your application is unsuccessful, the information you provide will be destroyed 90 days after the appointee commences work.

You are entitled to request access to the information and to request correction of the information (contact the Human Resources Manager, Marlborough District Council, PO Box 443, Blenheim 7240).

NB: Your curriculum vitae will not be returned to you.

If further space is required for answers to any of the following questions please use the space provided on page 5.

Position

Position applied for: _____

Date applications close: _____

Would you like to be considered for other positions within Council? Yes No

How did you find out about the position? _____

Reasons for applying for this position: _____

Personal Information

Full name: First Name, Middle Name, Surname: _____

Address: _____

Postal Address (if different from residential address) _____

Telephone No: (Business) _____ (Home) _____ (Mobile) _____

Can we call you at work: Yes No Email address: _____

Right to Work in New Zealand

Are you a New Zealand or Australian Citizen? Yes No

Do you have permanent resident status in New Zealand or Australia? Yes No

Do you have a current work permit entitling you to work in New Zealand? Yes No

We may ask you to produce your passport, birth certificate, citizenship certificate or resident's permit to show us that you are entitled to work in New Zealand.

Information about working in New Zealand can be obtained by visiting the New Zealand Immigration Service website at www.immigration.govt.nz

Qualifications & Professional Membership

List qualifications relevant to this position.

Qualification: _____

Institution: _____

List professional memberships relevant to this position: _____

Membership: _____

Organisation: _____

We may ask you to produce original documents.

Employment History

Present Position: _____

Name of Employer: _____

Address: _____

Telephone No: (Business) _____ (Home) _____ (Mobile) _____

Reason for leaving: _____

List only employment relevant to this application and not stated in the CV provided with this application.

Name of Employer: _____

Address: _____

Telephone No: (Business) _____ (Home) _____ (Mobile) _____

Reason for leaving: _____

Name of Employer: _____

Address: _____

Telephone No: (Business) _____ (Home) _____ (Mobile) _____

Reason for leaving: _____

Referees Please give details of referees who can be contacted.

Name: _____

Relationship to applicant: Social Work Family

Address: _____

Telephone No: (Business) _____ (Home) _____ (Mobile) _____

Name: _____

Relationship to applicant: Social Work Family

Address: _____

Telephone No: (Business) _____ (Home) _____ (Mobile) _____

Do you consent to Council contacting your present employer for the purposes of reference checking?

Yes No

Health and Safety

The following information is required to assist Marlborough District Council to meet its obligations under Health and Safety legislation.

Confirmation of the appointment of the successful applicant may be subject to the receipt of a satisfactory medical certificate. The cost of the medical examination will be borne by the Council.

Do you have or have you had any injuries or medical conditions (for example hearing loss, sensitivity to chemicals, occupational overuse injuries or back injuries) that:

- the tasks of this job may aggravate, or contribute to; or Yes No
- may limit or prevent you from carrying out the functions of the position? Yes No

If yes, please provide details:

I understand that Council has a health monitoring programme to address potential health hazards. I understand that if this role is part of the programme, I will be required to take part in the programme. Yes No

Criminal Convictions

Do you have any criminal convictions? Yes No

If yes, please provide details: _____

Note: Council requires you to disclose all convictions unless they are covered by the Criminal Records (Clean Slate) Act 2004.

You must disclose all of your criminal convictions if you have:

- Been convicted of an offence within the last 7 years; or
- Been sentenced to a custodial sentence (eg; imprisonment, corrective training, borstal); or
- Been ordered by a Court during a criminal case to be detained in a hospital due to your mental condition instead of being sentenced; or
- Been convicted of a "specified offence" (eg; sexual offending against children, young people or the mentally impaired); or
- Not paid in full any fine, reparation or costs ordered by the Court in a criminal case; or
- Been indefinitely disqualified from driving under section 65 of the Land Transport Act 1998 or earlier equivalent provision.

If you want to know more about the clean slate law, you can seek independent legal advice from a lawyer or community law centre or contact the Ministry of Justice.

Do you have criminal charges pending: Yes No

Do you have unpaid fines or reparations owing: Yes No

If yes, please provide details: (You may be required to pay the fines/reparations in full prior to being confirmed in this position.)

Drivers' Licence

Are you currently legally allowed to drive in New Zealand? Yes No

Indicate which licence: Full Restricted Learner International

Other – please specify _____

What classes of licence do you hold? _____

Do you have any demerit points? Yes No If yes how many?

Has your licence ever been endorsed? Yes No

If yes, please provide details: _____

Do you have any cases pending that could affect your licence? Yes No

If yes, please provide details: _____

We may ask you to produce your drivers licence.

General

Do you consent to inquiries being made as to the accuracy of information in this application form and in your curriculum vitae eg; drivers licence check, qualifications check? Yes No

Do you consent to a Police security check being undertaken by Council? Yes No

If you were invited to attend an interview, would you wish to bring support? Yes No

If your application is successful, when could you commence employment? _____

Declaration

I understand that if I have given incorrect or misleading information, or have omitted any relevant information in my application for employment form, CV or supporting papers, I may be disqualified from appointment or, if appointed, I may be dismissed.

I consent to Council seeking information for the purposes of ascertaining my suitability for the position I am applying for. This may include from my referees or from other sources such as credit checks, the internet and social networking sites. I understand that such information received by Council is evaluative material that will not be disclosed to me.

If you are submitting this application electronically you will be required to sign this declaration should you be invited to attend an interview.

Signature of Applicant: _____ Date: _____

Applications should be marked "Confidential" and addressed to:

Human Resources Manager
Marlborough District Council
PO Box 443
Blenheim 7240
Telephone: 03 520 7400 Fax 03 520 7496

Instructions: Use this space to continue your answers for any of the above questions.
