

**CONFIDENTIAL**

**To be completed  
personally by  
applicant**

## Application for Employment Form

Note: the completion of this form does not indicate that there is any obligation on the Southland District Council to engage the applicant.

Please answer the following questions in relation to your application for employment, which will assist Southland District Council to assess your suitability for the position. The questions being asked are relevant to the nature and type of work undertaken in Southland District Council and comply with the rights and obligations under legislation, including the Immigration Act 1987, the Health and Safety in Employment Act 1992, and the Human Rights Act 1993. The information will be used by Southland District Council to assess you for this purpose only.

**Please Print**

### SECTION 1: GENERAL DETAILS

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

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

#### Personal Details

Surname: \_\_\_\_\_

Forenames: \_\_\_\_\_

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

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

\_\_\_\_\_ Postal Code: \_\_\_\_\_

Daytime contact telephone number: \_\_\_\_\_

Evening contact telephone number: \_\_\_\_\_

Mobile contact telephone number: \_\_\_\_\_

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

Do you hold a current driver's licence: Yes / No    Classes \_\_\_\_\_

## SECTION TWO: QUALIFICATIONS AND EMPLOYMENT HISTORY

List all formal qualifications you have achieved which are relevant to this position:

Qualification	Length of Study (give dates)	Relevant Papers/Subjects

List any other relevant training that you have completed:

Course	Length of Study (give dates)	Description

Provide details of your present and previous employment

Name and address of employer	Duration of employment	Position and main duties	Reason for leaving

Have you ever been dismissed or left before being dismissed in previous employment? Yes / No

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

\_\_\_\_\_

### SECTION THREE: LEGAL REQUIREMENTS

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

If you are legally entitled to work because you have a work permit, please indicate when that permit expires. [If successful in your application, we will request a copy of your work permit].

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

**SECTION FOUR: DISABILITIES OR MEDICAL CONDITIONS**

Note: The Human Rights Act 1993 defines disability as physical disability or impairment; physical illness; psychiatric illness; intellectual or psychological disability or impairment; the presence in the body of organisms capable of causing illness; any other loss or abnormality of a body or mind function; and reliance on a guide dog, wheelchair or other remedial means.

4a Do you have any disability or medical condition that would affect your ability to effectively carry out the tasks and responsibilities described in the job specification?  
Yes / No

If yes, please provide details (please include any services for facilities which would allow you to carry out this role satisfactorily)

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4b Do you have or have you had any injury or medical condition caused by a gradual process, disease or infection which may be aggravated by the function and responsibilities of the job for which you have applied, and as it is described in the attached job specification?  
Yes / No

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

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4c Do you have any present or past injury for which you may or may not have claimed ACC and/or other insurance cover, likely to be aggravated by the job you have applied for?  
Yes / No

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

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## SECTION FIVE: CRIMINAL AND BANKRUPTCY HISTORY

5a Have you ever been convicted of any criminal offence? Yes / No

5b Are you awaiting a hearing on any charges? Yes / No

If you answered "Yes" to either 5a or 5b, then please give details: \_\_\_\_\_

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

5c Have you ever been declared bankrupt? \_\_\_\_\_

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

### Declaration and Acknowledgement

This information is being collected to enable Southland District Council to assess your suitability for this position and will be used for this purpose only. If you fail or refuse to provide the information requested, then your application may be rejected by Southland District Council. If you provide false or inaccurate information, this will be considered serious misconduct and may result in dismissal should you be employed by Southland District Council. Please also note that any false information given in Section Four, entitled *Disabilities or Medical Conditions*, may result in your loss of entitlement to insurance related entitlements.

The Privacy Act provides you with the right to request access to and/or correct the personal information about you held by Southland District Council.

I \_\_\_\_\_ (full name) declare that to the best of my knowledge the information that I have provided is accurate and complete.

Signature: \_\_\_\_\_

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

**CONSENT TO CONTACT REFEREES FORM:**

Applicant name: \_\_\_\_\_ Signature: \_\_\_\_\_

Position being sought: \_\_\_\_\_ Date: \_\_\_\_\_

I, \_\_\_\_\_ (full name) consent to Southland District Council or its representative 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 Southland District Council for the purposes of ascertaining my suitability for the position I am applying for. I understand that the information received by Southland District Council is supplied in confidence as evaluative material and will not be disclosed to me.

Yes / No

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

Current position: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

Contact numbers: \_\_\_\_\_ (day)

\_\_\_\_\_ (mobile or evening number if appropriate)

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

Current position: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

Contact numbers: \_\_\_\_\_ (day)

\_\_\_\_\_ (mobile or evening number if appropriate)

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

Current position: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

Contact numbers: \_\_\_\_\_ (day)

\_\_\_\_\_ (mobile or evening number if appropriate)

To assist Council with its Equal Employment Opportunity policy it would be appreciated if you would complete this page. It will be removed from your application form by the Human Resources Manager, and will NOT be part of your application for the position.

It will be kept confidential and be used to help plan future vacancy advertising.

**POSITION APPLIED FOR:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**PERSONAL INFORMATION**

1. Age Group

- Under 15
- 15-20
- 21-30
- 31-40
- 41-50
- 50-60
- Greater than 60

2. Your Sex

- Male
- Female

3. Nationality [Please tick]

- New Zealander
- Other  Please state \_\_\_\_\_

4. Ethnic Origin [Please tick]

- European
- Maori
- Pacific Islander
- Other  Please state \_\_\_\_\_

5. How did you find out about the vacancy?

Please state \_\_\_\_\_

6. Do you have any disability?

- Yes
- No