

# 1. Application Form and Declaration

Position Applied For: \_\_\_\_\_

## PERSONAL AND MEDICAL

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

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

Telephone Number: \_\_\_\_\_ Mobile: \_\_\_\_\_

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

If your application is accepted, when could you start work? \_\_\_\_\_

Do you suffer from an illness/disability which would be aggravated or made worse by performing the job you have applied for (eg RSI, OOS, back injury or other) **-or-** Are you on medication which would affect your performance in the job you have applied for? \_\_\_\_\_

Are you prepared to abide by Buller Recreation Limited Health and Safety Policy? \_\_\_\_\_

## CRIMINAL CONVICTIONS

Have you been convicted of a criminal offence?    If yes, please provide details: \_\_\_\_\_

Are you currently facing criminal charges (including charges in relation to driving offences)? If yes, please provide details: \_\_\_\_\_

## EDUCATION

School, University, etc	Qualifications Gained

## GENERAL EXPERIENCE/ADDITIONAL INFORMATION

If this is already covered in your CV you do not need to include it here.

## EMPLOYMENT HISTORY

Employment Dates	Employer	Position and Description of Duties	Reason for Change

Do you have secondary employment? Yes/No

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

## REFERENCES

Please give details of referees that you authorise us to contact. It is intended that contact will be made with your appointed referees. Where possible, include previous employers and/or people whose knowledge of you would assist with this application.

Name	Business or Professional Occupation	Address and Telephone

May we contact your present Employer? Yes / No

## CONSIDERATION OF APPLICATION

Buller Recreation will consider your application of employment subject to your acceptance of the following conditions:

If you are offered and accept employment, prior to commencement you may be asked to submit to a pre employment medical examination by a General Practitioner nominated by Buller Recreation. Employment is conditional upon the result of such an examination being fully acceptable to Buller Recreation.

If your application is successful and you accept employment with Buller Recreation, all inventions, patent rights or other processes developed or created by you as an employee of Buller Recreation, in work time during the period of employment by Buller Recreation shall be the sole property of Buller Recreation.

If you are offered and sign an employment agreement with Buller Recreation, in accordance with the terms of that agreement, Buller Recreation may retain out of moneys due to you upon termination of employment any amounts owed by you to Buller Recreation.

If you accept an offer of employment with Buller Recreation you will be required to abide by all Buller Recreation policies, regulations and safety rules.

I, \_\_\_\_\_ [full name] understand and accept the above provisions.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## PRIVACY

The information you provide on this application for employment form may be collected and held by Buller Recreation Limited. This information is collected for the purpose of assessing your suitability for employment, which may include subsequent changes in employment. With the exception of "evaluative material", in accordance with the Privacy Act 1993 you have a right of access to personal information and to seek any correction you think is necessary to ensure its accuracy.

## CONSENT AND DECLARATION

I give consent for the Referees listed above to be contacted on my behalf in support of this application. I understand that the information provided to Buller Recreation by Referees is supplied in confidence as "evaluative material" and as such it will not be disclosed to me.

I consent to Buller Recreation or their representative, seeking information on a confidential basis about me from the New Zealand Police, or any foreign police authorities. The information sought is to be released for the purpose of ascertaining my suitability for the position for which I am applying. I understand that this information will also be treated as "evaluative material" and as such I have no claim to access it. This consent is valid for two (2) months from the date shown below.

I \_\_\_\_\_ (full name) declare that to the best of my knowledge the answers in this application for employment form 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 for employment, or if I am employed, my employment will be terminated. I further acknowledge that any offer of employment, if made, is conditional on my obtaining a full medical clearance through the Buller Recreation pre-employment medical process.

Applicant's Signature: \_\_\_\_\_

Witnessed by: \_\_\_\_\_ Date: \_\_\_\_\_

**Note:** Buller Recreation Limited may chose not to employ any person whose conviction and/or revelations made through subsequent enquiries are relevant to the person's appropriateness to do a particular job.

<b>OFFICE USE ONLY</b>	Date Received: _____
Supplementary documents?	_____
Received by (staff name)	_____