



Confidential Application For Employment

Position Applied For: _____

Where Did You Find Out About This Position? SEEK, Trade Me, Other (please state): _____

Personal:

Preferred name: _____

Surname: _____

Christian Names: _____

Are you known by any other names?

If so, What are they? _____

Date of Birth: _____

Your Contact Details:

Contact Address: _____

Home Phone: _____ Other: _____

Email: _____

Work Status:

Have you reached the current school leaving age? Yes/No

Under what circumstances are you legally entitled to work in New Zealand? (tick one)

New Zealand or Australian citizenship

Work Visa

If applying for work in New Zealand under a Work Visa, please state your Visa type and expiry date:

Education:

Name of last education provider:

Qualifications earned (please include evidence of any qualifications listed in the application or accompanying CV):

Year: _____ Details: _____

Year: _____ Details: _____

Year: _____ Details: _____

Can you speak any other language?

Yes/No

Qualifications:

Do you have any other qualifications, certificates, etc?

Please describe the skills that you have which are relevant to the position.

Employment History:

Present or most recent employer details:

Company: _____
Address: _____
Job Held: _____
Main Duties: _____

Number of hours worked per week: _____

Dates and Length of Service: _____

Reason for leaving: _____

Do you consent to the Company contacting your present or most recent employer for the purposes of reference checking? Yes/No

Next most recent employer:

Company: _____
Address: _____
Job Held: _____
Main Duties: _____

Number of hours worked per week: _____

Dates and Length of Service: _____

Reason for leaving: _____

Do you consent to the Company contacting your present or most recent employer for the purposes of reference checking? Yes/No

Next most recent employer:

Company: _____
Address: _____
Job Held: _____
Main Duties: _____

Number of hours worked per week: _____

Dates and Length of Service: _____

Reason for leaving: _____

Do you consent to the Company contacting your present or most recent employer for the purposes of reference checking? Yes/No

Please give details of any other job that may be relevant.

Do you have secondary employment?

Yes/No

If yes, please detail: _____

Referees:

Please give the name, relationship, address, email and telephone numbers of at least two referees.

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

If your application were successful, when could you commence employment?

___/___/___

I consent to the Company 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 the Trust for the purposes of ascertaining my suitability for the position I am applying for. I understand that the information received by the Trust is supplied in confidence as evaluative information, and as such will not be disclosed to me.

Signed: _____

Date: ___/___/___

General:

Are you available to work the hours outlined? Yes/No

Are you prepared to work at other times if required? Yes/No

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

Are you awaiting the hearing of charges in a civil or criminal court? Yes/No

Do you have a current full driver's license? Yes/No

Do you have any demerit points? Yes/No

What transport arrangements do you have to attend your place of employment?

Medical:

Do you consent to any occupational health monitoring if applicable to the job? Yes/No

Have you had any injury or medical condition caused by gradual process, disease or infection for example hearing loss, occupational overuse syndrome that may be aggravated or further contributed to by the tasks of the position? Yes/No

If yes, please specify: _____

Have you claimed accident compensation in the last 12 months? Yes/No

If yes, please specify: _____

State any serious injury you have suffered that may affect your ability to effectively carry out the duties of this position: _____

Do you have any other known conditions that may affect your ability to effectively carry out the duties of this position? Yes/No

If yes, please specify: _____

I consent to Orana Wildlife Trust seeking information on a confidential basis about me from the New Zealand Police, or any foreign police authorities if I reach the shortlist of applicants. The information sought is to be released to them for the purposes of ascertaining my suitability for the position for which I am applying. I understand that this information is to be treated as "evaluative material" and thus I have no claim for access to it. This consent is valid for two (2) months from the date shown below.

Signed by me this ____ day of _____, 20____.

Applicant(s) are required to pass a drug and alcohol test following a conditional offer of employment. Should I be offered employment with Orana Wildlife Trust, I consent to undergo a drug and alcohol test (at Orana Wildlife Trust's expense). This consent is valid for two (2) months from the date shown below.

Signed by me this ____ day of _____, 20____.

Declaration:

_____ (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, or if I am employed, my employment will be terminated. I also understand that the information requested within this application form is sought to establish my suitability for the position that I am applying, and that if I do not provide such information then this application for employment may be rejected.

Signed: _____

Date: ____/____/____