

# Pre-employment application form

## Your Details

1.	Your full name
2.	The name you wish to be known by (if different to above)
3.	Your postal address
	Postcode:
4.	Telephone contact (Mobile)
5.	Email Address
6.	Do you hold a current drivers licence? YES / NO

# Work Entitlement 7. Are you legally entitled to work in New Zealand at present? YES / NO If not a NZ citizen, we require to see evidence of your entitlement to work in New Zealand. Permanent resident Work visa (A copy of entitlement is required before employment is offered to role candidates)

### **Criminal History**

8. Have you ever been convicted of a criminal offence, that is not covered by the Clean Slate Act, participated in a diversion scheme or have any criminal actions pending which could result in a criminal conviction in New Zealand or overseas and or are you aware of any pending matter which may affect the status of your current licence to practice (where that licence relates to the employment you seek)?
YES / NO

If YES, please state details:

### **Medical History**

9. Have you ever had or do you currently have any medical conditions (injury or impairment including for example hearing or eyesight difficulties, mental health issues or psychological illness) or any other factor which could affect your ability to effectively perform the role for which you have applied, or your employment in general, or that might affect you from attending work regularly? **YES / NO** 

If YES please give details: \_\_\_\_

### Qualifications

10. Please summarise your relevant qualifications below. If you have any additional details or qualifications that can't be entered here, make sure they are included in your CV.

Institution	Year	Qualification

**Employment Information** 

11. Position applied for: \_

12. Type of work sought (circle)

Full time / Part time / Holiday / Seasonal

13. Preferred number of hours per week

14. Can you hold a conversation in a language other than English?		YES /NO		
If <b>YES</b> what language(s)				
15.	Do you have any allergies that we should be aware of (e.g. dust, bee sting)?	YES / NO		
17.	Do you have a sensitivity following contact with any chemicals?	YES / NO		
	If <b>YES</b> – name what chemical(s)			

18. Employment History (the most recent first)					
Dates Employed	Position / Main Responsibilities	Reason for leaving			

### 19. Referees

Please provide the names and contact details of two references who we can contact to provide a reference. These should be people who you have reported to directly and ideally from two different organisation. If you are a school leaver you may substitute one or both employment references with character references (from a teacher or principal for example). By providing this information you are agreeing to our organisation making contact with them in regard to your application for employment:

Name/Organisation/Position	Contact telephone

### 20. Declaration

I confirm any information contained in this application form and my CV is true and correct. If any incorrect or misleading information is given or significant information is withheld, applicants may be disqualified from appointment, or if appointed, liable for dismissal.

I authorise Barenbrug and their advisors to, in accordance with the Privacy Act 1993, undertake any preemployment checks relating to qualifications, medical history, criminal history, immigration, ACC, credit analysis, driver licence, due diligence checks on directors' professional memberships or any other required skills based assessment relating to my suitability or application of practical work skills.

If my application is unsuccessful, I understand that Barenbrug may retain my application and CV for 12 months for consideration for any potentially suitable future vacancies although I can request that this information be deleted.

Do you agree with these statements?	YES	NO
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