



**CONFIDENTIAL**

**PRIVACY ACT PROVISIONS:**

The information you provide on this application for employment will be collected and held by the Clutha District Council. This is collected for the purpose of assessing your suitability for employment by the Clutha District Council, which may include subsequent changes in employment within the Council, and to meet Council's information requirements as a potential employer.

You have a right of access to personal information held by the Council and may seek correction of such information to ensure accuracy.

**NOTE: All questions must be answered; either in the space provided in the following form, or in your accompanying curriculum vitae. A covering letter is a useful addition to your application.**

**Please do not bind your CV or use a bulky presentation folder. A simple paper clip or staple is acceptable. CV's will not be returned, so please do not include original documents.**

<b>1. Position Applied for:</b>		
<b>2. How did you become aware of the vacancy?</b>		
<b>3. Personal Information</b>		
Family name:	<input type="text"/>	
First names:	<input type="text"/>	Preferred name: <input type="text"/>
If you are known by other names, please record them here:	<input type="text"/>	
Title if desired (optional):	<input type="text"/>	
Residential address:	<input type="text"/>	
Mailing address:	<input type="text"/>	
		Post Code: <input type="text"/>
Mobile phone:	<input type="text"/>	<input type="text"/>
Work Phone:	<input type="text"/>	After hours phone: <input type="text"/>
Email:	<input type="text"/>	

#### 4. Health and General Information

Do you suffer from an illness/disability which would be aggravated or made worse by performing the job you have applied for? Yes  No

Are you on medication which would affect your performance in the job you have applied for? Yes  No

Have you had an injury or medical condition caused by gradual process, disease or infection - e.g. hearing loss, sensitivity to chemicals, repetitive strain injury, which the tasks of this job may aggravate/contribute to? Yes  No

If so, please give details on all the above:

Do you smoke? Yes  No

Do you have a current drivers licence? Yes  No

If yes, what class?

Are you awaiting hearing of any charges for driving offences? Yes  No

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

(This does not include convictions that are subject to the clean slate scheme of the Criminal Records (Clean Slate Act 2004). Applicants may be asked to sign a police vetting form authorizing the Clutha District Council to seek a police report on them.)

If yes, please give brief details:

Do you intend to engage in other paid work whilst employed in this position? Yes  No

If yes, please give brief details:

Do you have any commitments which may prevent you from attending your place of employment during ordinary hours of work or affect your ability for out-of-hours work? Yes  No

If yes, please give brief details:

Are you legally entitled to work in New Zealand? If you answer yes and your legal ability to work in New Zealand is governed by a work or other visa, please provide evidence. Yes  No

Do you consent for us to check legal your legal work status through Visa View, NZ Immigration's online checking tool. Please provide your passport nationality and number for this check. Yes  No

Are you prepared to abide by Health and Safety regulations? Yes  No

Do you hold a current "At Work" First Aid Certificate? Yes  No

Have you previously been employed by Clutha District Council? Yes  No

If yes, please give date of last year employed and name employed under:

If your application is accepted, when could you commence employment?

5. Referees			
Do you agree to enquiries being made as to other matters relating to your suitability for employment, and the accuracy of information, contained in this application form?			
	Y	N	Comments
Most recent employer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Past employer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Other persons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Please give details of referees who you authorise us to contact. Two work related and one personal			
Name:	<input type="text"/>	Occupation/position:	<input type="text"/>
Address:	<input type="text"/>	Phone:	<input type="text"/>
Name:	<input type="text"/>	Occupation/position:	<input type="text"/>
Address:	<input type="text"/>	Phone:	<input type="text"/>
Name:	<input type="text"/>	Occupation/position:	<input type="text"/>
Address:	<input type="text"/>	Phone:	<input type="text"/>
6. Attach curriculum vitae			
<b>Please return this application form accompanied by your curriculum vitae containing the following information:</b>			
<b>Education/Qualifications:</b>			
<ul style="list-style-type: none"> <li>Name of educational institutions attended (secondary and tertiary level only), qualifications or standard of achievement and year gained</li> <li>Details of relevant post qualification training</li> <li>Other qualifications or certificates you consider relevant, showing dates gained</li> <li>Membership of relevant professional associations and offices held</li> </ul>			
<b>Employment history</b>			
<ul style="list-style-type: none"> <li>Details of most recently held position, including employer's name, address, position held, length of time in that position, number of staff responsible for, position reported to and key tasks</li> <li>Details of other employment, starting with the most recent position, including employer's name and address, position held and nature of work, time in that position and reason for leaving</li> </ul>			
<b>Work experience relevant to position</b>			
<ul style="list-style-type: none"> <li>Include job experience you consider would support your application for this position</li> </ul>			
<b>Spare time interests and experience</b>			
<ul style="list-style-type: none"> <li>Include details of general recreational and community activities you are involved in.</li> </ul>			
7. Declaration			
I, <input type="text"/> (print full name) declare that to the best of my knowledge, the answers to the questions in this application are correct. I understand that if any false information is given or any material fact suppressed, I may not be accepted, or if I am employed, I may be dismissed.			
<b>Signature:</b>	<input type="text"/>	<b>Date:</b>	<input type="text"/>