

JOB APPLICATION FORM

Application to be completed in applicant's own handwriting - please print.

Position Applied For _____

Work Required Full time Part time Casual
Days Evenings

Please tick days available: Mon___Tues___Wed___Thurs___Fri___Sat___Sun___

How many hours are you prepared to work per week: minimum _____ maximum _____

Length of employment required _____ months **OR** full time all year round employment

Personal Information

Full Name _____

Address _____

Telephone: Home _____ Mobile _____

Do you have a current driver's licence? Yes No

Class and number: _____

Do you have your own transport? Yes No

Health and Physical Particulars

Have you ever been on ACC? Yes No

Have you ever suffered any type of personal injury caused by a work-related gradual process, disease, or infection? Yes No

Have you ever had any condition, which is likely to contribute to a work-related gradual process injury, disease, or infection? Yes No

Have you ever had any serious illness, operation or accident, or condition that could hamper your work in this position? Yes No

If yes, please specify

Qualifications (Certificates to be supplied)

Have you been **charged** with any offences in the last 5 years? If 'yes', please provide details:

Do you have **any** legal proceedings pending? If 'yes', please provide details:

Have you been declined certification as a Crowd Controller (Door Security)? Yes No

Sale and Supply of Alcohol Act and Gambling Act Requirements Have you been declined 'key person' status in terms of the Gambling Act or been declined a General Manager's Certificate in terms of the Sale and Supply of Alcohol Act? If 'yes', please provide details.

Do you have a General Manager's certificate for the purposes of the Sale and Supply of Alcohol Act? Yes No Please provide a copy.

Is your financial position and credit rating sound? If unsure, give particulars.

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

Do you have a work permit? Yes No If yes when does this expire? _____
Work permits or evidence of authority to work in New Zealand may be requested.

Please supply the names and telephone numbers of at least two Referees

Please provide last employer and at least one previous employer.

Employment Record: ALL prior positions must be listed.

Last or Present Position _____

Employer _____

Nature of work _____ **From** _____ **To** _____

Duties performed _____ **Speciality** _____

Hourly rate _____ **how many hours a week were you working there?** _____

Reason for leaving _____

Previous Employer _____

Nature of work _____ From _____ To _____

Reason for leaving _____

Previous Employer _____

Nature of work _____ From _____ To _____

Reason for leaving _____

Have you had experience with a tab? Yes No and/or gaming machines? Yes No

Your strengths:

Your weaknesses:

Briefly describe how the pub can benefit by having you as a member of their team:

APPLICANT'S DECLARATION

I **CERTIFY** that the above information is true and correct and authorise investigation of all information contained herein for the purpose of ascertaining my suitability for employment, including conducting credit and criminal record checks through the appropriate authorities and contacting referees and previous employers. I understand that if I have given false or misleading information or if I have left out any important information, I may not be considered for appointment. If I am appointed before any inaccuracies on this form are discovered, my employment may be terminated. I understand that in some situations, providing false information may amount to an offence under the Crimes Act. I understand that if I accept employment I will be required to sign an Employment Agreement.

If appointed, I agree to observe all rules, policies and procedures issued by the establishment.

Applicant's signature _____ Date: _____