

**Application Form**

*Please note, the information collected is for the purpose of assessing suitability for employment and does not guarantee an offer of employment will follow.*

**Personal Details**

|  |  |  |  |
| --- | --- | --- | --- |
| First Names: | *Type here* | Surname: | *Type here* |
| Mobile Phone: | *Type here* | Home Phone: | *Type here* |
| Email: | *Type here* |  |  |

 Preferred Contact Number: Mobile [ ]  Home [ ]

|  |  |
| --- | --- |
| Postal Address: | *Type here*  |
|  |  |

|  |  |
| --- | --- |
| Position Applied For: | *Type here* |

Please confirm your eligibility to work in New Zealand:

Are you a New Zealand or Australian citizen? Yes [ ]  No [ ]

If not, do you currently have the right to work in NZ? Yes [ ]  No [ ]

*Please state expiry date of work visa* DD/MM/YY

 *(must attach copy of work visa to verify)*

Do you have a current valid driver licence? Yes [ ]  No [ ]

Licence Type (please circle) Learner [ ]  Restricted [ ]  Full [ ]

Class of driver’s licence: *Type here* DD/MM/YY

 *(must attach copy of driver licence to verify)*

Have you attached a copy of your CV? Yes [ ]  No [ ]

**Referee Contact Details**

*Please provide contact details for three previous managers who we can contact for verbal references.*

|  |  |
| --- | --- |
| Referee Name: | *Type here* |
| Contact Number: | *Type here* |
| Company: | *Type here* |
| Relationship: | *Type here* |

*What was your position when you reported to this person? Type here*

|  |  |
| --- | --- |
| Referee Name: | *Type here* |
| Contact Number: | *Type here* |
| Company: | *Type here* |
| Relationship: | *Type here* |

*What was your position when you reported to this person? Type here*

|  |  |
| --- | --- |
| Referee Name: | *Type here* |
| Contact Number: | *Type here* |
| Company: | *Type here* |
| Relationship: | *Type here* |

*What was your position when you reported to this person? Type here*

**Criminal History Check**

*Please complete the attached Request for Criminal Convictions form.*

Do you currently have any criminal charges pending against you or have you ever been convicted for any violations or offences (that are not concealed by the Clean Slate Act)?

Yes  [ ]    No  [ ]

If “yes” please list the conviction(s) or charge(s) and approximate date received:

|  |  |
| --- | --- |
| **Conviction / Charge:** | **Date:** |
| *Type here* | DD/MM/YY |
| *Type here* | DD/MM/YY |
| *Type here* | DD/MM/YY |
| *Type here* | DD/MM/YY |

**Medical History Background**

Do you have any medical conditions (inclusive of diagnosable mental illnesses) or injuries that may affect your ability to perform the job adequately and/or safely?

Yes [ ]  No [ ]

If “Yes” please list them:

|  |  |
| --- | --- |
|  |  |
| *Type here* |  |
|  |  |
|  |  |
|  |  |
|  |  |

**I acknowledge and declare that I**

* have provided true and correct representations on this Application Form and not mislead Tuwharetoa Maori Trust Board in any way;
* have not failed to disclose any matter that may have materially influenced Tuwharetoa Maori Trust Board decision to employ me;
* have disclosed all criminal convictions or charges not covered by the Clean Slate Act, whether I consider such convictions or charges to be relevant to this application or not;
* for the purposes of the Privacy Act, consent to Tuwharetoa Maori Trust Board contacting any of my past employers and referees for reference checking;
* have not failed to disclose any medical conditions or injuries that may affect my ability to perform the job adequately and/or safely; and
* understand that if I am successful in securing a position with Tuwharetoa Maori Trust Board and Tuwharetoa Maori Trust Board later discovers that I have mislead them in any way; including but not limited to a failure to disclose criminal convictions or charges (whether I consider them relevant or not) that a breach of trust and confidence has occurred and Tuwharetoa Maori Trust Board may take disciplinary action up to and including summary dismissal (termination of my employment without notice).

|  |  |
| --- | --- |
| Signature: | *Type here* |
| Print Name: | *Type here* |
| Date: | DD/MM/YY |