



## Application for Employment

*We invite you to provide information for the purpose of assessing your application and suitability for employment. The information in this form is requested in accordance with the Privacy Act (1993). If your application is successful, this form will be kept as a part of your personnel records. You are entitled to access the form on request to the Manager. Information relating to unsuccessful applications may be kept for up to three months and will then be destroyed. The completion of this form does not indicate that there is any obligation the Dingwall Trust to engage you as an employee.*

1. Position applied for: \_\_\_\_\_
2. Name: \_\_\_\_\_
3. Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Contact Phone Numbers:
  - Work: \_\_\_\_\_
  - Home: \_\_\_\_\_
  - Mobile: \_\_\_\_\_
5. Tertiary Qualification: \_\_\_\_\_
  - Year Gained: \_\_\_\_\_
  - Name of Tertiary Institution: \_\_\_\_\_
6. Professional Certifications: \_\_\_\_\_
7. Do you have a full, current, valid New Zealand driver's licence?      Yes       No   
If not what type of licence do you have? \_\_\_\_\_
8. Why are you looking to leave your current job? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
9. Why did you leave your last job (prior to your current job)? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. Have you ever previously worked for the Dingwall Trust?

Yes  No

If yes, please give details of previous employment \_\_\_\_\_

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11. Are you aware of anything that may be considered a conflict of interest in working for the Dingwall Trust, ie, relatives currently employed with the Trust, or work being undertaken by you that competes with the Trust's work?

Yes  No

If yes, please give details \_\_\_\_\_

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12. Are you aware of any circumstances or conditions that might effect your ability to perform the duties associated with the position you have applied for?

Yes  No

If yes, please give details \_\_\_\_\_

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13. Do you consent to a medical examination as part of health monitoring if required should your application for this position be successful?

Yes  No

14. Are you taking any medication that may in some way affect your ability to perform the job in a safe and effective manner?

Yes  No

If yes, please give details \_\_\_\_\_

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15. Have you ever had any work related injury or medical condition such as Occupational Overuse Syndrome (OOS) which may be aggravated or further contributed to by the tasks associated with this position?

Yes  No

If yes, please give details \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

16. Have you been convicted of any criminal offence within the law, or do you have any criminal charges pending, or potential criminal charges pending (apart from minor parking offences)?

Yes  No

If yes, please give details \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

17. Are you a New Zealand Citizen? Yes  No

If no, do you have resident status, Yes  No

or

A current work permit? Yes  No

Expires on \_\_\_\_\_

(Please tick where appropriate)

Please provide the name and contact details of two people who we can contact as referees. At least one of the names provided must be of a person that has been your manager.

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Role: \_\_\_\_\_ Role: \_\_\_\_\_

Company: \_\_\_\_\_ Company: \_\_\_\_\_

Phone: \_\_\_\_\_ Phone: \_\_\_\_\_

Cell: \_\_\_\_\_ Cell: \_\_\_\_\_

I certify the details supplied above and in my CV are correct and complete to the best of my knowledge.

Signature \_\_\_\_\_

Name \_\_\_\_\_

Date \_\_\_\_\_