**CONFIDENTIAL *To be completed personally by Applicant***

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| **Date of Application** |  |  |

This application form is a source of information, which will be used by NZYF to assist us in considering your suitability for the position for which you are applying. If successful, such information shall form part of the Company’s personnel records. Failure to supply the information requested would prejudice the company’s ability to assess your suitability for the position.

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| **APPLICATION FOR EMPLOYMENT** | | |
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| **Note:** |  | The completion of this form does not indicate that there is any obligation on the company to engage the applicant. |
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| **Purpose:** |  | This information is collected for the purpose of assessing your suitability for employment at NZYF, which may include subsequent changes in employment with the company. |
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| **Position Applied For:** | |  |  | |
|  | |  |  | |
| **YOUR NAME (in block letters)** | | | | |
|  | | | |  |
| Family Name: | | | |  |
|  |  | | |  |
| Given Names (underline name used): | | | |  |
|  |  | | |  |
| Are you known by any other names: | | | |  |
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| **YOUR CONTACT ADDRESS AND TELEPHONE NUMBERS** | | | |
|  | |  | |
| Contact Address: | |  | |
|  |  |  | |
| Home Phone Number: | |  | |
|  |  |  | |
| Mobile Phone Number: | |  | |
|  |  |  | |
| Other No/Email: (If Any) | |  | |
|  |  | |  |

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| **LEGAL WORK STATUS** | | | | | | | | | |
|  | | |  | |  |  |  |  | |
| Are you legally entitled to work in New Zealand? | | | Yes | |  | No |  |  | |
|  |  |  | | | | | | |
| As a New Zealand Citizen | | | | Yes |  | No |  |  |
|  |  | | |  | | | | |
| As a Permanent Resident | | | | Yes |  | No |  |  |
|  |  | | |  | | | | |
| As a holder of a current Work Permit | | | | Yes |  | No |  |  |
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| **QUALIFICATIONS (*Including university, further education, etc, where applicable)*** | |
|  |  |
| Please provide details of any University Degrees and/or Qualifications – any courses attended? (give details): |  |
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| Do you have any other qualifications/ certificates/ licences/ or attended any courses? (give details): |  |

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| **EMPLOYMENT HISTORY** | | | | | | | | | | | |
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| ***Present or most Recent Employer*** | | |  | | | | | | | | |
|  |  | | | | | | | | | | |
| Company: |  | | | | | | | | | | |
|  |  | | | | | | | | | | |
| Job Held: |  | | | | | | | | | | |
|  |  | | | | | | | | | | |
| Full Time or Part Time Position | |  | |  | Length of service |  | | |  | | |
|  |  | | | | | | | | | | |
| Reason for Leaving: |  | | | | | | | | | | |
|  |  | | | | | | | | | | |
| *For the purposes of compliance with the Privacy Act 1993, do you consent to the company contacting your present employer for the purposes of reference checking should we have an employment offer for you.* | | | | | | | Yes |  | | No |  |

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| ***Next Most Recent Employer*** | | |  | | | | |
|  |  | | | | | | |
| Company: |  | | | | | | |
|  |  | | | | | | |
| Job Held: |  | | | | | | |
|  |  | | | | | | |
| Full or Part Time Position | |  | |  | Length of service |  |  |
|  |  | | | | | | |
| Reason for Leaving: |  | | | | | | |

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| ***Next Most Recent Employer*** | | |  | | | | |
|  |  | | | | | | |
| Company: |  | | | | | | |
|  |  | | | | | | |
| Job Held: |  | | | | | | |
|  |  | | | | | | |
| Full or Part Time Position | |  | |  | Length of service |  |  |
|  |  | | | | | | |
| Reason for Leaving: |  | | | | | | |

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| ***Do you have secondary employment?*** | | Yes |  | No |  |
|  |  | | | | |
| If yes, please detail: |  | | | | |

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| ***Have you been the subject of disciplinary action or been dismissed by a previous employer?*** | | Yes |  | No |  |
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| If yes, please detail: |  | | | | |

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| **REFEREES (please provide at least two direct reports)** | | | | | | | | |
|  | | |  | | | | | |
| ***Give name, address and telephone numbers of at least 3 referees:*** | | | | | | | | |
|  | |  | | | | | | |
| ***Name*** |  | ***Position*** | |  | ***Company*** |  | ***Phone No/s*** |  |
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| ***If your application is successful, when could you commence employment:*** | | | | | | | | |
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| I, |  | | consent to the company seeking verbal or written information on a confidential basis about me from representatives of my | | | | | | | | | |
| previous employers and/or referees and authorise the information sought to be for the position for which I am applying. I understand that the information received by the Company is supplied in confidence as evaluative material and will not be disclosed to me. | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| Do you consent to the company retaining the information contained in this application form for the purposes of considering your suitability for any other position which may arise with this company | | | | | | | | | | | | |
| in future? | | | | | | | |  | Yes |  | No |  | |
|  | | | |
| If yes, signature: | |  | | |  | Date: |  | | | | | |
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| **GENERAL** | | | | | | | | | |
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| Are you prepared to work overtime if required? | | | |  | Yes |  | No |  | |
|  | | | |  |  |  |  |  | |
| Have you been convicted of a criminal offence? | | | |  | Yes |  | No |  | |
|  | | | |  |  |  |  |  | |
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| What transport arrangements do you have to attend your place of employment? | | |  | | | | | |
|  | | | | | | | | |
| Do you have a current NZ Drivers Licence? | | | |  | Yes |  | No |  | |
|  | | | | | | | | |
| If yes, what class: |  | | | | | | | |
|  | | | | | | | | |
| Drivers Licence Number |  | | | | | | | |
|  | | | | | | | | | |
| Does your Drivers Licence have special conditions? | | | |  | Yes |  | No |  | |
|  | | | |  |  |  |  |  | |
| Do you have any demerit points or endorsements? | | | |  | Yes |  | No |  | |
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| Do you have a spouse, partner, relative or household member working for NZ Young Farmers? | |  | Yes |  | No |  | |
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| If yes, who? |  | | | | | |
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| Can you think of anything including any medical issue, which may affect your regular attendance at work? | |  | Yes |  | No |  | |

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| **MEDICAL** | | | | | | | |
|  | | | | | | | |
| Have you ever suffered from a back injury requiring time off work? | |  | Yes |  | No |  | |
|  | |  |  |  |  |  | |
| Have you claimed Accident Compensation (ACC) in the last 12 months? | |  | Yes |  | No |  | |
|  | | | | | | |
| If yes, please detail: |  | | | | | |
|  | | | | | | | |
| Have you ever needed to take more than your sick-leave allocation? | |  | Yes |  | No |  | |
|  | | | | | | | |
| If yes, please detail: |  | | | | | |
|  | | | | | | |
| Have you had an injury or medical condition caused by gradual process, disease or infection, for example, hearing loss, sensitivity to chemicals, repetitive strain injuries, that may be aggravated or | | | | | | |
| further contributed to by the tasks of this job, or affect your ability to effectively carry out the functions and responsibilities of the position applied for? | |  | Yes |  | No |  | |
|  | | | | | | |
| If yes, please detail: |  | | | | | |
|  | | | | | | |
| Do you have any other known condition which might put our employees or customers at risk? | |  | Yes |  | No |  | |
|  | | | | | | |
| If yes, please detail: |  | | | | | |

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| **DECLARATION** | | | | | |
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| *I DECLARE that to the best of my knowledge the information provided in this application and in any CV enclosed is accurate and I understand that if any false or misleading information is given, or any material fact suppressed, I will not be employed, or if I am employed, my employment will be terminated immediately.*  *I UNDERSTAND that false or incomplete answers relating to my medical history could mean that I cannot receive any Accident Compensation (ACC).* | | | | |
|  | | | | |
| Signed: |  |  | Date: |  |

*You are entitled to access this information upon request to the company’s Human Resource Manager located at:*

*Street Address – 185 Kirk Road Templeton 7678;*

*Postal Address P O Box 23141, Hornby 8441*

*Telephone 03 344 2473*

*The Company may retain all information relating to unsuccessful applications for a period of up to 12 months from the date of this application. The above information is provided in accordance with the Privacy Act 1993.*