

Position Applied For: _____

PERSONAL

Preferred Title:	Mr / Mrs / Miss / Ms		
Surname:			
First Names:			
Address:			
Town / City		Post Code	
Telephone Number		Cell phone	
Email Address:			
Are you legally entitled to work in New Zealand?	Yes / No	Date of Birth (Optional)	
Current Driving Licence held?	Yes / No	Which Classes of Licence?	
Drivers Licence Number			
Are you awaiting hearing of any charges for driving offences?	Yes/No		
Have you ever been dismissed or asked to resign from a job?	Yes/No		
If your application is accepted, when could you start work?			
Person to be contacted in case of emergency:			
Name	Relationship	Address	Phone No's

CRIMINAL

Have you ever been convicted of a criminal offence or are you awaiting charges in a criminal court of law? If so please give details (This does not include convictions that are subject to the clean slate scheme of the Criminal Records (Clean Slate) Act 2004.)

EDUCATION

Name of School, University, etc	Location	Qualifications Gained

REFERENCES

(Where possible include previous employers and/or persons whose knowledge of you would assist this particular application)

Name	Business or Professional Occupation	Address and Telephone

May we refer to your present Employer?

MEDICAL

	Yes	No
Do you suffer from an illness/disability which would be aggravated or made worse by performing the job you have applied for?		
Are you on medication which would affect your performance in the job you have applied for?		
Are you prepared to abide by Health and Safety Regulations?		
Do you agree to take part in any identified health monitoring that are applicable to your position and work activities?		
How many days have you been absent from work in the last 12 months of employment as a result of sickness/injury?		
<p>We need to know if the work on offer could affect your health. We also need to know if you have any medical conditions that could endanger your own safety or the safety of future colleagues.</p> <p>Please supply the name and address of your doctor. Contact would only be made with your prior authorisation.</p> <p>Name</p> <p>Address</p>		

VACANCY ADVERTISING STATISTICS

How did you find out about this vacancy? Please circle all appropriate boxes.		
Newspaper	Tasman District Council Website	TradeMe
Seek	LGOL	Other: _____

The Council is a Unitary Authority established under the Local Government Act 1974. A Unitary Authority has the functions, duties and powers of both a Regional Council and a Territorial Authority as conferred by the Local Government Act.

The Human Resources goal and objective of the Council is to be a 'good employer' and in particular promote equal employment opportunities and develop a work environment that responsibly provides for change.

CONDITIONS OF ENGAGEMENT

I give permission for the referees listed above to be contacted on my behalf in support of this application.

I give permission for my drivers licence to be verified by Land Transport Safety Authority or their agent.

I agree to abide by all Council policies, protocols, regulations and safety rules.

The applicant must, if called upon to do so, submit to a medical examination by a General Practitioner and the result of such an examination must be acceptable to the Council.

All inventions, patent rights or other processes developed or created by the employee in Council time during the period of employment by the Council shall be the sole property of the Council.

The Council may retain out of moneys due to an employee upon termination of employment such sums as may equal the amount then held by the employee on behalf of the Council together with any amounts owed by the employee to the Council.

PRIVACY ACT STATEMENT

The employee acknowledges that the Tasman District Council, 189 Queen Street, Richmond, collects the personal information concerning the employee for employment, disciplinary, statistical, insurance, taxation, health, safety and reference purposes and that the Tasman District Council may, from time to time, and under the provisions of the Privacy Act 1993, provide such personal information concerning the employee to others who require such information for similar or related purposes.

The information you provide on this application for employment form will be collected and held by the Human Resources Manager. This information is collected for the purpose of assessing your suitability for employment which may include subsequent changes in employment. We are unable to hold your application and CV "longer than is required for the purposes for which the information may lawfully be used" and, therefore, if you are unsuccessful in gaining this position, your CV will be returned to you and other information will be destroyed within three days of an appointment being made.

The employee may access personal information concerning himself / herself and may request corrections of that information pursuant to the Privacy Act 1993.

I, _____ (full name) agree that to the best of my knowledge, the answers to the questions in this application are correct, and I understand that if any false information is given or any material fact suppressed on this application from or on any health information forms, I may not be accepted, or if I am employed, I may be dismissed.

Signature:

Date: