



APPLICATION FOR EMPLOYMENT

The completion of this form does not indicate that there is any obligation on this Club to offer employment to the applicant.

The personal information you provide in this document will be held by this Club for a limited period of time only and will be used for the purpose of assessing your suitability for employment. It will be accessible to senior management staff only. You have a right of access to this information to ensure its accuracy. This is a Confidential Document subject to the Privacy Act 1993.

SECTION ONE: Position

Position applied for: _____

at: **Howick Club Inc**
107 Botany Road
Botany Downs
Auckland

If your Application for Employment is accepted, when could you commence ?
_____/_____/_____

SECTION TWO: Personal Information

Surname or family names: _____

First Name: _____ Middle Name: _____ Date of Birth: ____/____/____

Place of Birth: _____ Country of Birth: _____

Are you or have you been known by any other name(s)? i.e. Maiden Name YES NO

If **YES** please give details: _____

Current Residential Address: _____

Phone Numbers: Home () _____ Mobile () _____ Other () _____

Email: Home: _____

Work: _____

EMERGENCY CONTACT DETAILS:

Name of Contact: _____

How are you related to the person above? _____

Home address: _____

Phone Numbers: Home () _____ Mobile () _____ Work () _____

Any further relevant details: _____

SECTION THREE:**Drivers License****Do you hold a current NZ Drivers Licence?** YES NO

If yes: Drivers Licence No. _____ Version (5b on license):

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|--|--|--|
| | | |
|--|--|--|

Classes on your licence _____

Do any special conditions apply to your licence?¹ YES NO

If yes, give brief details: _____

Have you ever been disqualified from driving?

 YES NO

If yes, give brief details: _____

Do you have any current demerit points against your licence?

 YES NO

If yes, give brief details: _____

SECTION FOUR:**Legal Work Status****Are you a citizen of New Zealand?** YES NO

If yes: Can you produce evidence if required?

 YES NO

If no: Do you have the right of permanent residence?

 YES NO

Do you have a work permit?

 YES NO

If yes: Please provide a copy of the relevant page in your passport. Copy attached:

 YES NO**SECTION FIVE****Education & Industry Specific Qualifications****Education:** includes NCEA, School Certificate or University Entrance, University, Technical Institute, licences, courses

| Qualification: | Gained from: | When Completed: |
|----------------|--------------|-----------------|
| | | |
| | | |
| | | |
| | | |
| | | |

Industry Specific:

| Qualification | Gained from: | When Completed: |
|---------------|--------------|-----------------|
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SECTION SIX**Employment History****1. Present or most recent Employer**

Employed from: _____ to _____

Company Name : _____ Telephone: (____) _____

Contact Name: _____ Telephone: (____) _____

Address: _____

Position held: _____

Nature of work: _____

Reason for leaving / wanting to leave: _____

2. Next most recent Employer

Employed from: _____ to _____

Company Name : _____ Telephone: (____) _____

Contact Name: _____ Telephone: (____) _____

Address: _____

Position held: _____

Nature of work: _____

Reason for leaving: _____

3. Next most recent Employer

Employed from: _____ to _____

Company Name : _____ Telephone: (____) _____

Contact Name: _____ Telephone: (____) _____

Address: _____

Position held: _____

Nature of work: _____

Reason for leaving: _____

For the purposes of compliance with the Privacy Act 1993 do you consent to the company contacting the people you have listed above to enquire into the accuracy of information supplied in this application form, or any other matter relating to your suitability for employment?

Present Employer (1): YES NO **Past Employer (2):** YES NO **Past Employer (3):** YES NO

Applicants Signature: _____ Date: _____

SECTION SEVEN

Health

If you are offered employment the offer may be made subject to your obtaining a full medical clearance (by completion of a medical examination) to assess your fitness for the job for which you are applying.

Do you consent to this? YES NO

Do you smoke? YES NO

Do you have a hearing disability? YES NO

Do you require corrective lenses or contact lenses to drive, read or use a computer? YES NO

Do you agree to undertake random drug and alcohol testing if required? YES NO

Are you allergic to, or have sensitivity to any substances or chemicals? YES NO

If yes, please detail _____

Have you ever suffered any back injury or back strain? YES NO

If yes, please detail _____

Have you ever suffered from any overuse injuries e.g. RSI or OOS? YES NO

If yes, please detail _____

Have you ever had an injury resulting in an ACC claim? YES NO

If yes, please detail _____

Have you ever been addicted to or had treatment for any form of substance abuse? YES NO

(namely alcohol, prescriptive medicine or narcotics/drugs)

If yes, please detail _____

Have you ever suffered or been treated for depression or any stress related disorder? YES NO

If yes, please detail _____

Do you have any known condition, which might put yourself or other staff at risk? YES NO

If yes, please detail _____

How many days absence due to sickness or injury have you claimed in the last 12 months of employment?

- 0-2 2-5 6-10 11-15 16-20 over 20

In consideration of the duties outlined in the position description for this role, do you have any condition, illness, injury or disability which may affect your ability to effectively carryout the functions and responsibilities of the position you have applied for?

If so, please give details:

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SECTION EIGHT

General

Please write clearly

Have you been charged or convicted with a criminal offence in the last 10 years?

If yes, give brief details: _____

Have you ever been required to appear before a military court, tribunal (including civilian) or other court?

If yes, give brief details: _____

Are you awaiting the hearing of charges in a civil or criminal court of law?

If yes, give brief details: _____

Have you ever been dismissed, or been the subject of an investigation by your Employer for misconduct or serious misconduct or dishonesty?

If yes, give brief details: _____

Have you ever been the subject of the Police Diversion Scheme?

If yes, give brief details: _____

SECTION NINE

Any additional information

Do you have any additional information that you consider may assist your application?

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SECTION TEN

DECLARATION: You must read and understand this section

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

I further authorise Howick Club Inc, Clubs New Zealand or their authorised agents to make such enquiries on the information supplied as is deemed necessary to determine my suitability for employment. I understand and accept that all such information supplied or verified concerning me will be done within the provisions of the Privacy Act 1993. I further understand that all information gathered will be used only to verify my employment details and that I have a right of access to all information gathered to ensure accuracy.

Signed: _____ Date: _____