

# EMPLOYMENT APPLICATION FORM

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## SECTION ONE – Personal information

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Daytime contact phone number \_\_\_\_\_

After Hours contact phone number \_\_\_\_\_

eMail Address: \_\_\_\_\_

Emergency Contact Person & Phone number \_\_\_\_\_

## SECTION TWO – Education (including University, further Education)

Name of Secondary School /Polytechnic/University    Qualifications/Standard of Achievement

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Qualification-Professional –Occupational-Trade qualification (eg Industry Unit Standards)

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High School, Polytechnic, University attended (include Dates)

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### SECTION THREE –EMPLOYMENT HISTORY (start with most recent history)

Name of employer \_\_\_\_\_  
Position held \_\_\_\_\_  
Date Started \_\_\_\_\_

Contact phone number \_\_\_\_\_  
Immediate Supervisor \_\_\_\_\_  
Date Finished \_\_\_\_\_

Duties Performed

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Reason for leaving \_\_\_\_\_

Name of employer \_\_\_\_\_  
Position held \_\_\_\_\_  
Date Started \_\_\_\_\_

Contact phone number \_\_\_\_\_  
Immediate Supervisor \_\_\_\_\_  
Date Finished \_\_\_\_\_

Duties Performed

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Reason for leaving \_\_\_\_\_

## Prior Employment

Employer Name	Year Started	Year Finished	Position Description

## Referees:

Please give details of two referees, who may be contacted. Preferably one work-related referee and one personal referee

1 / Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone number \_\_\_\_\_  
Occupation \_\_\_\_\_  
Relationship \_\_\_\_\_

2 / Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone number \_\_\_\_\_  
Occupation \_\_\_\_\_  
Relationship \_\_\_\_\_

## SECTION FOUR – GENERAL

Do you know of any person currently employed by HEBRON? YES/NO  
If yes who? \_\_\_\_\_

Do you object to enquiries being made of past employers? YES/NO

Are you able to work the hours indicated on the Position Outline YES /NO

Are you prepared to work flexible hours including overtime? YES/NO

Do you have commitments, which may prevent you from attending your place of employment in the future? YES/NO  
If yes give brief details \_\_\_\_\_

Do you have a current driver's licence and what classes? YES/NO  
What is your licence number? \_\_\_\_\_

Have you ever been convicted of a criminal /driving/drug offence? YES/NO

Are you awaiting the hearing of any criminal charges? YES/NO

If your application is accepted, when could you commence employment? \_\_\_\_\_

Are you legally entitled to work in New Zealand YES/NO

Have you ever been summarily dismissed due to misconduct? YES/NO

## SECTION FIVE – MEDICAL

This role will involve sitting at a desk or work station for extended periods of time and some driving. Research into recommended postures suggest best practise for this.

Stress levels can also increase as work-loads can fluctuate.

Do you have any difficulty working at a desk or work station? YES/NO

Do you have any allergies that may affect your performance? YES/NO

Do you have any past problems managing stress in the work place? YES/NO

Do you have any medical condition that would prevent you from physically meeting the demands of this job? YES/NO

Have you ever had cause for any ACC Injury Claims that affected your ability to work? YES/NO

## SECTION SIX – DECLARATION AND AUTHORISATION

I, \_\_\_\_\_ (full name) declare that to the best of my knowledge, the answers given are true and understand that inaccuracies could affect any long term employment I may be offered.

I, \_\_\_\_\_ (full name) give permission for the organization to check references listed on this application form and my resume.

Signature, \_\_\_\_\_

Date \_\_\_\_\_