



Rangitikei District Council

Application for Employment

Instructions for Use

Mark your application: Private and Confidential – Attention: Sally Hall, Human Resources Advisor
 Post to: Rangitikei District Council
 Private Bag 1102
 Marton 4741
 Or Deliver to: Rangitikei District Council, 46 High Street, Marton, 4710
 Or Email to: hr@rangitikei.govt.nz
 Telephone: (06) 327 0165 Fax: (06) 327 6970

The information you provide will enable us to assess your suitability for employment by the Rangitikei District Council for the position for which you are applying. You need to complete this form personally. If you need more room, use additional sheets and attach them to the form.

Notes:

- If you are attaching a Curriculum Vitae, and that document accurately provides any information sought in this Application, you may note in the appropriate question or section "refer attached CV".*
- Completing this form does not indicate that there is any obligation on the part of Council to employ you.*

Position Applied for:

Where did you learn about this vacancy?

Section 1 – Personal Information

First Names:

Surname:

Are you known by another name?

Yes

No

If yes, what other names are you known by?

First Names:

Surname:

Residential Address:

Home Phone:

Postal Address:

Work Phone:

Email:

Mobile:

Section 2 – Education

Name of School/Technical Institute/University	From	To	Qualifications Obtained

Where appropriate, you may be required to produce original qualification documentation.

Section 3 – Skills and Experience

Please list all your skills and experience relevant to the position applied for:

Section 4 – Employment History *(start with most recent position)*

Name of Employer:				
Address:				
Position Held:				
Nature of Work:				
Length of Service:	From:		To:	
Reason for Leaving:				

To comply with the Privacy Act 1993, do you consent to Rangitikei District Council contacting your current employer for the purpose of reference checking?	<input type="checkbox"/>	No	<input type="checkbox"/>	Yes	<input type="checkbox"/>	Not Employed
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Name of Employer:				
Address:				
Position Held:				
Nature of Work:				
Length of Service:	From:		To:	
Reason for Leaving:				

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Referees: Please give details of three referees who may be contacted, preferably two of which are work related.

Name	Address	Phone No	Occupation

To comply with the Privacy Act 1993, we need your consent to contact your previous employers and/or referees for confidential information about you and for this information to be released to Council. Do you understand that this information will be used to assess your suitability and the information will not be disclosed to you?

<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	If yes, signature:		Date:	
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Section 5 – Resident Status

Are you a citizen of New Zealand?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If yes, in accordance with the Immigration Act 2009, can you confirm your NZ citizenship by providing a NZ passport or full NZ birth certificate together with a form of photo identification if required?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If no, do you have permanent residency in NZ or a permit and/or visa to work in NZ? Please ensure you can provide evidence if requested.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Are you an assisted immigrant under bond to the NZ Government or any other employer?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If yes, do you have authority to accept other employment?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Section 6 – Interests

Membership of Business, Professional or Trade Organisations

Name of Organisation	Office Held

Hobbies/Interests: List your hobbies and interests

Section 7 – General

Do you have a current driving licence?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No				
If yes, Number:	<input type="text"/>	Type:	<input type="checkbox"/>	Learner	<input type="checkbox"/>	Restricted	<input type="checkbox"/>	Full
Classes held:	<input type="text"/>	Any demerit points?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No		
Has your licence ever been endorsed?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No				
If yes, give brief details:	<input type="text"/>							
Do you have any cases pending which would affect your licence?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No				
Have you ever been convicted of a criminal offence?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No				
If yes, give brief details:	<input type="text"/>							
Are you currently awaiting the hearing of charges in a civil or criminal court of law?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No				
If yes, give brief details:	<input type="text"/>							
Are you a member of a territorial force unit?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No				
If, yes, have you completed the whole time training?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No				
Please provide any further information as to why you believe you are the most suitable candidate for this position.								

If your application is successful, when could you start work?			Yes		No
If your application is unsuccessful, do you consent to Council retaining the information contained in this application form for up to six months. This is so we can consider your suitability for any other position which may arise with the Council in that time?					

Section 8 – Medical *(tick box which applies and provide details where required)*

Do you agree to undergo a pre-employment health assessment, if required?		Yes		No
Do you have any medical condition or injury caused by gradual process, disease or infection that may be made worse by the tasks of this job or which may cause harm to others? If yes, please detail. (For example hearing loss, sensitivity to chemicals, repetitive strain injuries.)				

Do you have any medical problem, allergy or other disability that could affect your ability to carry out the duties of this position effectively? If yes, please detail. (Note: If you are in doubt as to whether a problem could affect your ability to carry out the duties of this position effectively, specify the problem and state that you are not sure.)		Yes		No
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Section 9 – Declaration

I,		(full name)
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declare that, to the best of my knowledge, the answers to the questions in this application are correct. I understand that if I have given any false or deliberately misleading information or I have suppressed any material fact, I will not be accepted for employment by Council. If Council discovers such information or fact after I have been employed by Council, my employment may be terminated. I also understand that any false information given in relation to my medical history may result in my loss of entitlement for any compensation from ACC.

Signature:		Date:	
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