

## Application For Employment

# CONFIDENTIAL

To be completed personally by Applicant



# APPLICATION FOR EMPLOYMENT

### Personal Information Under The Privacy Act 1993

The information that you provide on this application form and any other documents supplied in support of your application, will be used to assess your suitability for employment with **Asset Management Network Limited (AMN)** in the position applied for.

This information will be securely held in the Company's files and under the Company's rules of access. No information will be disclosed to third parties without your authorisation, except as required by law. Please note the **AUTHORITY TO RELEASE PERSONAL INFORMATION** that you give in points 2 and 3 on page 4. Information on unsuccessful applicants will be destroyed after 12 months. You have the right to view your personal information held by the Company, in the presence of the Accountant, and may request correction if necessary.

PLEASE ATTACH ANY OTHER RELEVANT INFORMATION (SUCH AS YOUR CV OR COPIES OF CERTIFICATES) TO THIS APPLICATION.

**Note:** Completion of this form does not indicate any commitment to employ you.

## COMPANY NAME

<b><u>EMPLOYMENT APPLICATION</u></b>		
Surname:	First names:	
Address:	Phone Home: Phone Mobile: Fax: e-mail	
Name and phone contact for next of kin / primary contact:		
Position applied for:		
Date available to commence work:		
Any periods you will be unavailable for work?		
<p>Is there <b>anything</b> that may affect your ability to do the work you are applying for?</p> <ul style="list-style-type: none"> <li>• Previous injury (e.g. OOS or have you ever made any ACC claims for an injury that could affect your ability to do the job if it recurred?)</li> <li>• Your health (allergies, degenerative medical conditions etc)</li> <li>• The health of others dependent upon you</li> <li>• Family commitments</li> <li>• Beliefs</li> <li>• Study programmes</li> </ul> <p><i>If yes to any of the above, please advise what they are so the employer can decide whether they can be reasonably accommodated.</i></p>	<input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b>	
Have you ever been discharged from employment? <i>If yes, please give details:</i>	<input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b>	
Have you ever been convicted of any criminal offences or are you awaiting the hearing of charges in a civil or criminal court of law? <i>If yes, please list all the offences, (including driving offences) charges and all details:</i>	<input type="checkbox"/> <b>YES</b> <input type="checkbox"/> <b>NO</b>	
<p><i>Note: You do not have to disclose offences protected under the Criminal Records (Clean Slate) Act 2004</i></p>		-

I am legally entitled to work in New Zealand because I am a:			
<u>New Zealand / Australian citizen</u>	<u>Permanent resident</u>	<u>Current work permit holder</u>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Note: Proof may be required of the above</i>			
Qualifications: Please list all relevant qualifications and training courses you have undertaken. This can include schooling, tertiary education, industry training or in-company training.			
Class of Drivers Licences held:	Date issued	Licence Number	
Computer skills: Please list programmes you use and rate your competence.	Basic	Proficient	Expert

**Referees. Please provide details of three referees.**  
*Note: You are giving permission for us to contact these referees but you will be informed before we call them.*

Name	Relationship to applicant	Contact Phone number

**Employment record**

Organisation	Position(s)	Employed from / to (dates)	Reason for leaving
May we contact your previous or current employers? If no, please explain:			<input type="checkbox"/> YES <input type="checkbox"/> NO

What attracts you to the position you are applying for?
Is there anything else you would like us to know about your application?

**IMPORTANT - PLEASE READ CAREFULLY**

- 1. TRUTHFULNESS.** I warrant that the information provided in this application is complete, true and correct. I understand that if any false or misleading information is given, or any material fact suppressed, I may not be accepted, or if I am employed, I may be summarily dismissed.
- 2. AUTHORITY TO RELEASE PERSONAL INFORMATION.** I irrevocably authorise you or your agent to contact all my previous and current employers, including any employers that I have not nominated on this application, except as indicated otherwise above. Information so gained is supplied in confidence as evaluative material and will not be disclosed to me.
- 3. If I am successful with this application,** I also authorise you to provide details of my employment with you, including reason for leaving, to any third party.
- 4. INDEMNITY.** I hereby irrevocably INDEMNIFY all parties acting in terms of this authority against any claims of any nature.
- 5. CONSENT TO DRUG TESTING.** I agree to undergo a pre-employment drug test and/or medical examination by a doctor nominated by YOU.

If I am not successful in my application, this form must be:	
Destroyed once a person is appointed to the position.	<input type="checkbox"/> YES <input type="checkbox"/> NO
Held for consideration by my request, for future positions.	<input type="checkbox"/> YES <input type="checkbox"/> NO

Date: \_\_\_\_\_

Applicant's signature: \_\_\_\_\_

The information submitted on this form will be used strictly in accordance with the provisions of section 22 (1) of the Human Rights Act 1993 and the Employment Relations Act 2000. All applicants are dealt with fairly and without bias. If the applicant is successful this form will be included in their personnel file.

