

CONFIDENTIAL

APPLICATION FOR EMPLOYMENT

Date of Application

Position Applied For

Personal Information Under The Privacy Act 1993

The information which you supply on this Application Form and any curriculum vitae you supply is solely to assess your suitability for employment with Asset Management Network Ltd 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. Information on unsuccessful applicants will be confidentially destroyed after 12 months. You have the right to view your personal information held by the Company in the presence of the Chief Operating Officer, and may request correction if necessary.

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

Curriculum Vitae or Resume

If you have an up to date copy please attach to this application. Where you think your CV or resume adequately supplies the relevant information, please refer us to the relevant section.

Have you ever suffered from OOS or experienced symptoms of OOS?

Yes/No

If yes, give details:

If your application is successful, when could you commence employment?

SECTION TWO Education

Name of secondary school(s) attended:

Qualifications (school certificate, university entrance, bursary, NCEA) (subjects):

Name of Polytechnic/University attended:

Do you have any other qualifications/certificates/licences/or attended any courses (give details):

SECTION THREE Career Aspirations

What attracts you to the position you are applying for?

SECTION FOUR Work History

Present or most recent employer:

Company: _____

Address: _____

Position held: _____

Date from/to: _____

Main duties: _____

Reason for leaving: _____

For the purpose of compliance with the Privacy Act 1993 do you consent to the Company contacting your present employer for the purposes of reference checking? Yes/No

Next most recent employer:

Company: _____

Address: _____

Position held: _____

Date from/to: _____

Main duties: _____

Reason for leaving: _____

Next most recent employer:

Company: _____

Address: _____

Position held: _____

Date from/to: _____

Main duties: _____

Reason for leaving: _____

SECTION FIVE
Health

Do you suffer from, or have you suffered from in the past, any condition caused by a gradual process, disease or infection arising out of the course of employment which may be aggravated or further contributed to by the tasks of this job? Yes/No

State any serious injury or illness you have suffered, or are currently suffering from, including any infectious disease, that may affect your ability to effectively carry out the duties of the position applied for?

Have you any other known medical condition or disability, or have you previously suffered from any condition, which any affect your ability to effectively carry out the duties of the position applied for?

Yes/No

If yes, give details: _____

SECTION SIX

Referees

Please give at least three work-related referees and ensure all details are current:

#1

Name: _____

Position: _____

Address: _____

Phone No.: _____

#2

Name: _____

Position: _____

Address: _____

Phone No.: _____

#3

Name: _____

Position: _____

Address: _____

Phone No.: _____

SECTION SEVEN

Authorisations & Declaration

I _____(full name) declare that to the best of my knowledge the information provided in this application and in any resume provided is correct and I understand that if any false or misleading information is given, or any material fact suppressed (save for any convictions concealed under the Criminal Records (Clean Slate) Act 2004) I will not be employed, or if I am employed, my employment will be terminated. I also understand that any false information given in relation to my medical history with regards to gradual process, disease, or infection, can result in my loss of entitlement for any compensation from ACC.

If my application is successful, I hereby consent to undergo a pre-employment medical examination by a doctor nominated by the Company, if required.

I consent to the Company seeking verbal or written information on a confidential basis about me from representatives of my previous employers and/or referees and authorise the information sought to be released by them to the Company for the purposes of ascertaining my suitability for the position for which I am applying. I understand that the information received by the Company is supplied in confidence as evaluative material and will not be disclosed to me.

I consent to the Company requiring me to undertake pre-employment psychometric testing, if required.

Signed: _____

Date: _____