

## Rangitikei District Council

## **Application for Employment**

**Instructions for Use** Mark your application: Private and Confidential - Attention: Sue Bligh, Human Resources Administrator 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 (06) 327 0165 Telephone: 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. 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 Surname: First Names: 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** Work Phone: Address: 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 – Empl	loymen	t History (start with	n most recent po	osition)						
Name of Employer:										
Address:										
Position Held:										
Nature of Work:										
Length of Service:	From:			То:						
Reason for Leaving:										
To comply with the Privac your current employer for			ikei District Coun	cil contacting		No		Yes		Not Employed
Name of Employer:										
Address:										
Position Held:										
Nature of Work:										
Length of Service:	From:			То:						
Reason for Leaving:										
Name of Employer:										
Address:										
Position Held:										
Nature of Work:										
Length of Service:	From:			То:						
Reason for Leaving:										
Name of Employer:										
Address:										
Position Held:										
Nature of Work:										
Length of Service:	From:			То:						
Reason for Leaving:										
Referees: Please give deta	ails of three	referees who may be con-	tacted, preferably	two of which	are wo	ork rela	ated.			
Name		Address		Phone N	No			Od	ccupa	tion
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?										
Ves D No		If yes signature:		Date	0.					

Section 5 – Reside	nt Status									
Are you a citizen of New Zealand?								Yes		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?								Yes		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.								Yes		No
Are you an assisted immigrant under bond to the NZ Government or any other employer?								Yes		No
If yes, do you have authority	to accept other employment?							Yes		No
Section 6 – Interests										
Membership of Business, Pro	ofessional or Trade Organisations									
Name of	Organisation				Office	Held				
Hobbies/Interests: List your h	nobbies and interests									
Section 7 – Genera	al									
Do you have a current driving	g licence?					Yes			No	
If yes, Number:		Type:		Learner		Restricted			Ful	II
Classes held:		Any dem	erit poin	ts?		Yes			No	,
Has your licence ever been e	ndorsed?					Yes			No	
If yes, give brief details:										
Do you have any cases pending which would affect your licence?								No		
Have you ever been convicted of a criminal offence?								No		
If yes, give brief details:										
Are you currently awaiting the hearing of charges in a civil or criminal court of law?								No	1	
If yes, give brief details:										
Are you a member of a territorial force unit?								No	١	
If, yes, have you completed t	he whole time training?					Yes			No	١
Please provide any further in	formation as to why you believe	you are th	e most s	uitable candidate	for thi	s position.				

If your application is suc	cessful, when could you start work?								
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?						Yes		No	
Section 8 – Medical (tick box which applies and provide details where required)									
Do you agree to undergo a pre-employment health assessment, if required?								No	
worse by the tasks of thi	al condition or injury caused by gradual is job or which may cause harm to others? 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.)								No	
Section 9 – Dec	laration								
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 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:						