

APPLICATION FORM

POSITION – DISTRICT LICENCING COMMITTEE

This application form will be used to assist us in considering your suitability for the position. You are welcome to attach a copy of your CV or supporting documentation as well.

If you are sending a copy via mail – **please do not send originals** as we cannot take responsibility for lost or damaged material.

Please complete this Application Form and return by the closing date of Thursday 14 November 2019.

Forward completed application forms to Carol Gordon at the address shown in the header or email to carol.gordon@rangitikei.govt.nz

PERSONAL DETAILS

Mr/Mrs/Ms/Dr Last Name _____

First Name(s) _____

Name you are known as (if different from above) _____

Postal Address _____

Email Address _____

Contact Phone No _____ Alternative Phone No _____

Date of Birth _____

Are you legally entitled to work in New Zealand? Yes No

As a NZ Citizen As a permanent resident As a holder of a current work permit

(circle above to indicate yes as appropriate).

Have had any involvement with the alcohol industry? Yes No

If yes, please explain _____

Are you a member of the NZ Police, a Medical Officer of Health or an inspector, or an employee of RDC? Yes No

EDUCATION DETAILS

Name of Secondary School(s), University, Polytech or other education institutions attended

Give details of any other qualifications, certificates, licences or courses attended which are relevant to the position you are applying for _____

KNOWLEDGE AND SKILLS

Describe the skills that you hold which are relevant to the position you are applying for (*include knowledge and understanding of hearings procedures, relevant legislation and any alcohol licensing experience from previous roles*)

What are your interests/hobbies/sports/clubs or community activities?

EMPLOYMENT HISTORY

Give details of your current or most recent employment first.

Date From _____ To _____

Company _____ Town _____

Job Held _____

Main Duties _____

Hours Worked per Week _____

Reason for Leaving _____

Date From _____ To _____

Company _____ Town _____

Job Held _____

Main Duties _____

Hours Worked per Week _____ Reason for Leaving _____

Date From _____ To _____

Company _____ Town _____

Job Held _____

Main Duties _____

Hours Worked per Week _____ Reason for Leaving _____

REFEREES

Give the details of at least two referees, preferably from where you have worked within the last five years. *These referees may be contacted for evaluative purposes.*

Name _____ Company _____

Address _____

Email Address _____

Contact Phone No _____ Alternative Phone No _____

Name _____ Company _____

Address _____

Email Address _____

Contact Phone No _____ Alternative Phone No _____

Do you have any other employment which will continue if you are successful in gaining this position? Yes No

If yes, please give details _____

GENERAL INFORMATION

Do you have any civil or criminal convictions, not including any concealed under the Criminal Records (Clean Slate) Act? Yes No

Are you awaiting the hearing of charges in a civil or criminal court of law? Yes No

If answering yes to either of the above questions please provide details _____

Do you have a current drivers licence? Yes No

If yes, what class and number _____

Class

Number

Do you have any health related issues that may impact on your ability to perform the tasks of this job? Yes No

If answering yes to the above question please provide details _____

DECLARATION

I, _____
(full name) declare to the best of my knowledge that the answers in this application are correct. Further I declare that I have not given any false or deliberately misleading information or suppressed any material fact which would affect my suitability for this role.

Signed _____

Date _____