



Rangitikei District Council

Application for Employment

Instructions for Applicants

Mark your application: Private and Confidential - Attention: Human Resources Assistant
Post to: Rangitikei District Council
Private Bag 1102
Marton 4741
Or Deliver to: Rangitikei District Council, 46 High Street, Marton, 4710
Or Email to: sue.bligh@rangitikei.govt.nz
Telephone: (06) 3270099 Fax: (06) 3276970

The information in this form is for the purpose of assessing the applicant's suitability for employment by the Rangitikei District Council for the position for which the applicant is applying. The form is to be personally completed by the applicant. If there is insufficient room, additional sheets should be used and attached to this Application Form.

Notes:

1. All applicants must supply a Curriculum Vitae or Resume, if that document accurately provides any information sought in this Application, the applicant may note the appropriate question or section "refer attached CV".
2. Completion of this form does not indicate that there is any obligation on the Council to employ the applicant.

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 skills and experience you have relevant to the position applied for:

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

Name of Employer:			
Nature of Work			
Length of Service:	From:		To:
Reason for Leaving:			
For the purpose of complying with the Privacy Act 1993, do you consent to the Rangitikei District Council contacting your current employer for the purpose of reference checking?		<input type="checkbox"/>	<input type="checkbox"/>
		No	Yes
		<input type="checkbox"/>	<input type="checkbox"/>
		Not Employed	
Name	Address	Phone No	Occupation
For the purpose of compliance with the Privacy Act 1993, do you consent to Council seeking verbal or written information on a confidential basis about yourself from representatives of your previous employers and/or referees and authorise the information sought to be released by them to Council for the purposes of ascertaining your suitability for the position you are applying for? Do you understand that the information received by Council is supplied in confidence as evaluative material and will not be disclosed to you?			
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="checkbox"/>	s		
If yes, signature:		<input type="text"/>	Date:

Section 5 - Resident Status

Are you a citizen of New Zealand?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If yes, can you produce evidence, if required?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If no, do you have the right of permanent residence or a work permit? (It will be necessary to produce your passport for verification.)	<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"/>
		<input type="checkbox"/>	Full	
Classes held:	<input type="text"/>	Any demerit points?	<input type="checkbox"/>	Yes
		<input type="checkbox"/>	Yes	<input type="checkbox"/>
		<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.				
<input type="text"/>				
<input type="text"/>				
If your application is successful, when could you start work?	<input type="text"/>			
If your application is unsuccessful, do you consent to Council retaining the information contained in this application form for no more than six months for the purpose of considering your suitability for any other position which may arise with the Council in that time?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Section 8 - Medical <i>(tick box which applies and provide details where required)</i>				
Do you agree to undergo a pre-employment health assessment, if required?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Do you have any medical condition or injury caused by gradual process, disease or infection (eg hearing loss, sensitivity to chemicals, repetitive strain injuries) that may be exacerbated or further contributed to by the tasks of this job or which may cause harm to others? If yes, please detail.	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="text"/>				
<input type="text"/>				
Do you have any medical problem, allergy or other disability which could affect your ability to carry out 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 this position effectively, specify the problem and state that you are not sure.)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<input type="text"/>				
<input type="text"/>				
Section 9 - Declaration				
I,	<input type="text"/>			(full name)
declare that, to the best of my knowledge, the answers to the questions in this application are correct, and I understand that, if any false or deliberately misleading information is given or any material fact suppressed, I will not be accepted for employment by Council. If such information or fact is discovered 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:	<input type="text"/>		Date:	<input type="text"/>