



# 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

Telephone: (06) 327 0165 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.*

**Notes:**

- 1 *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".*
- 2 *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

First Names:		Surname:	
Are you known by another name?	<input type="checkbox"/> Yes	<input type="checkbox"/> 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 your skills and experience relevant to the position applied for:


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

<b>Name of Employer:</b>				
Address:				
Position Held:				
Nature of Work:				
Length of Service:	From:		To:	
Reason for Leaving:				

To comply with the Privacy Act 1993, do you consent to Rangitikei District Council contacting your current employer for the purpose of reference checking?  No  Yes  Not Employed

<b>Name of Employer:</b>				
Address:				
Position Held:				
Nature of Work:				
Length of Service:	From:		To:	
Reason for Leaving:				

<b>Name of Employer:</b>				
Address:				
Position Held:				
Nature of Work:				
Length of Service:	From:		To:	
Reason for Leaving:				

<b>Name of Employer:</b>				
Address:				
Position Held:				
Nature of Work:				
Length of Service:	From:		To:	
Reason for Leaving:				

Referees: Please give details of three referees who may be contacted, preferably two of which are work related.

Name	Address	Phone No	Occupation

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?

<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, signature: <input type="text"/>	Date: <input type="text"/>
------------------------------	-----------------------------	---	----------------------------



If your application is successful, 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?		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<b>Section 8 – Medical</b> <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 that may be made worse by the tasks of this job or which may cause harm to others? If yes, please detail. (For example hearing loss, sensitivity to chemicals, repetitive strain injuries.)		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
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.)		<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
<b>Section 9 – Declaration</b>					
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:	