**Application for employment**

This application for employment form is a source of information which will be used by the business to assist it in considering your suitability for the position for which you are applying. This form and the information contained in it will form part of our records. Failure to supply the information would prejudice our ability to assess your suitability for the position. If requested, we will destroy this information if you are an unsuccessful candidate. Please note that this is not an offer of employment and your completion of this form does not indicate that employment will be offered to you.

**Applicant’s given name:**

**Are you known by any other name(s)?** (give details)

**Mobile phone number:**

**Email address:**

**Venue applied for:**

**Position applied for:**

**Date of application:**

* **Are you over eighteen years of age?** O Yes O No
* **Are you legally entitled to work in New Zealand?** O Yes (NZ citizen or permanent resident) O Yes (work visa) O No

**3. If your entitlement to work in New Zealand is by way of a work visa (as per question 2), please provide the following information**

*(Please also provide us with a copy of the visa and ensure we can view the original visa/passport it was copied from) please note we may also conduct a visa view INZ verification of this and by providing us with this information you are consenting to us conducting this check* **:**

Full name on passport:

Country of passport :

Passport No:

Visa type :

Duration of entitlement to work in NZ:

**Qualifications**

* **What is your highest secondary school qualification?**

**5. Do you have any other qualifications/apprenticeships / certificates/licences/or have you attended any course?**

O Yes (provide details below) O No

* **Are you fluent in English?** O Yes O No
* **Are there any other languages you can communicate in?** O Yes (please specify below) O No

**Employment history**

**Present or Most Recent Employer**

Name of business

Dates employed: From to

Address

Position held

Main duties

No/ of hours worked per week

Reason for leaving

For the purposes of compliance with the Privacy Act 1993 do you consent to us contacting your present or most recent employer for the purposes of reference checking?

O Yes O No

**Next Most Recent Employer**

Name of business

Dates employed: From to

Address

Position held

Main duties

No/ of hours worked per week

Reason for leaving

* **Please provide details of any other job which may be relevant**

* **Have you ever worked for any of the Double Dribble Hospo Group Business, or for a venue in Little High Eatery or Riverside Market before?** O Yes O No

If yes, when and where?

* **Do you have current other employment?** O Yes O No

If yes, please detail

**Referees**

Please provide name, address and telephone numbers of at least two work-related referees (managers/supervisors preferred)

Name

Position

Contact number

Contact email

Name

Position

Contact number

Contact email

* **If you are offered employment, when could you commence?**

 **What is your notice period or do you have any commitment before you could commence work with us**

**General**

* **Are you prepared to work evenings or weekends if required to do so?** O Yes O No
* **Have you worked shifts before?**  O Yes O No
* **Have you ever been convicted of any criminal offence (except those cases where asking you to declare them would breach the Criminal Records (Clean Slate) Act 2004)?** O Yes O No
* **Are you being investigated, or awaiting the hearing of charges in a civil or criminal court of law?**

O Yes O No

* **Do you have a current drivers licence?** O Yes O No If yes - what class?
* **Do you have any demerit points or endorsements?** O Yes O No
* Do you have any relatives or know any person currently employed by any of the venues in this group? O Yes O No

If yes, who?

What is your relationship to them?

* **Are you a member of any clubs, organisations, or similar which might have relevance to the position you have applied for?**

O Yes (please detail below) O No

* **Are you prepared to handle all products, materials or equipment used in the industry?**

O Yes O No

**Are you allergic to, or have any sensitivity to any substances or chemicals?** O Yes O No

**Please let us know if it is anything we may need to be aware of.**

**Do you have any physical or mental impairment, medication or medical treatment that would interfere with or affect your ability to perform the job for which you have applied?** O Yes (please detail below) O No

* **If there are any positions, or types of positions, for which you should not be considered, or job duties you cannot perform, please detail and explain.**

* **Do you consent to the business retaining the information contained in this application form for the purposes of considering your suitability for any other position which may arise with this business in the future?** O Yes O No
* Do you agree that the business can seek verbal or written information on a confidential basis about you from representatives of your previous employers and/or referees and authorise the information sought to be released by them to the business for the purposes of ascertaining your suitability for the position you are applying for? O Yes O No
* Do you understand that the information received by the business is supplied in confidence as evaluative material and will not be disclosed to other parties. O Yes O No

**Declaration**

I (*full name*) declare that to the best of my knowledge the answers in this application form are correct and complete. I understand that if any false or misleading information, or any material fact is omitted, I will not be offered employment, or if I am employed, my employment could be cancelled or terminated.

**Signed**  **Date**

**Office use only:**

Interviewer’s additional comments: