

## Application for Employment

**Position you are applying for:** \_\_\_\_\_ **Date:** \_\_\_\_\_

This is an application form for employment with Kawerau District Council and is to be completed personally by the applicant.

The information that you supply on this application form will be used to assess your suitability for the position for which you are applying and will be held securely by the HR Business Manager. Failure to complete all questions truthfully will render this application invalid, and should you have been successful in your application, will be grounds for dismissal.

Council is committed to the protection and wellbeing of children. If the role you are applying for is classified as a Children's Worker under the Vulnerable Children Act 2014, you are required to undergo police vetting prior to commencing employment.

Council has a drug and alcohol testing programme in place, which includes pre-employment drug testing for all roles.

In addition some roles require vaccinations as a health risk control, (eg hepatitis, tetanus, Covid-19). Some roles may be exposed to chemicals, poisons or other hazards (eg noise and respiratory hazards), and in these cases annual health monitoring is carried out at the employer's expense.

Appointment will be conditional to a satisfactory police check and other pre-employment checks.

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### Your Name in Block Letters

How do you like to be addressed (eg Mr, Mrs, Ms etc): \_\_\_\_\_

Family/Surname Name: \_\_\_\_\_

Given Names (underline name used): \_\_\_\_\_

Are you known by any other name(s)? Please provide details: \_\_\_\_\_

\_\_\_\_\_

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### Your Contact Address and Telephone Numbers

Contact Address: \_\_\_\_\_

\_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Work Status**

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

For the purpose of compliance with the Privacy Act 2020, do you consent to Council verifying your eligibility to work in New Zealand with the Department of Internal Affairs?  Yes or  No

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**Education (including University, further education etc where applicable)**

Name of Secondary School(s) attended: \_\_\_\_\_  
\_\_\_\_\_

Qualifications (School Certificate, University Entrance, Tertiary): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any other qualifications/certificates/licences (give details): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Can you speak any language other than English? \_\_\_\_\_

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**Employment History**

(Note – If your CV contains the Employment History, you need not complete this section)

***Present or Most Recent Employer***

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

Job Held: \_\_\_\_\_

Main Duties: \_\_\_\_\_

No. of hours worked/week: \_\_\_\_\_

Length of Service: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

**Next Most Recent Employer**

Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Job Held: \_\_\_\_\_  
Main Duties: \_\_\_\_\_  
No. of hours worked/week: \_\_\_\_\_  
Length of Service: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

**Next Most Recent Employer**

Employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Job Held: \_\_\_\_\_  
Main Duties: \_\_\_\_\_  
No. of hours worked/week: \_\_\_\_\_  
Length of Service: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

Give details of any other job which may be relevant:

\_\_\_\_\_  
\_\_\_\_\_

Do you have secondary employment?  Yes or  No

If yes, please provide details: \_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_

Have you ever work for the Council, or any other Council, before?  Yes or  No

If yes, where and when: \_\_\_\_\_  
\_\_\_\_\_

**Referees**

For the purposes of compliance with the Privacy Act 2020, do you consent to us contacting your present or most recent employer to check references?  Yes or  No

Please give the name, address and telephone numbers of at least three referees:

**Employer/Company:** \_\_\_\_\_

Name & Position: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number & Email: \_\_\_\_\_

**Employer/Company:** \_\_\_\_\_

Name & Position: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number & Email: \_\_\_\_\_

**Employer/Company:** \_\_\_\_\_

Name & Position: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number & Email: \_\_\_\_\_

I consent to the Kawerau District Council seeking verbal or written information on a confidential basis about me from representatives of my previous employers and/or referees, and authorise the information sought to be released by them to the Kawerau District Council for the purposes of ascertaining my suitability for the position I am applying for. I understand that the information received by the Kawerau District Council is supplied in confidence as evaluative material and will not be disclosed to me.

Yes or  No

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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### General

If your application is successful, when could you commence employment? \_\_\_\_\_

Are you prepared to work extra hours if necessary?  Yes or  No

Are you prepared to handle all products, materials, or equipment used in the type of work carried out in the position you have applied for?  Yes or  No

Have you been convicted of a criminal offence either in New Zealand or overseas that is not concealed under the Clean Slate legislation?  Yes or  No

If yes, please give details: \_\_\_\_\_

\_\_\_\_\_

Are you awaiting the hearing of charges in any Civil or Criminal court of law?  Yes or  No

If yes, please give details: \_\_\_\_\_  
\_\_\_\_\_

Do you know of any actual or perceived Conflict of Interest you may have if you are offered employment with us in relation to any external interests you are involved in?  Yes or  No

If yes, please give details: \_\_\_\_\_  
\_\_\_\_\_

Do you or any immediate family (i.e. spouse, or partner, parent, child, sibling, grandparent, grandchild or your spouse or partner's parent) currently undertake activities which may conflict with the interests of the Council?  Yes or  No

If yes, please disclose here: \_\_\_\_\_  
\_\_\_\_\_

Are you related to or have a relationship with any Council staff member?  Yes or  No

If yes, please disclose here: \_\_\_\_\_

Do you have a current driver's licence?  Yes or  No

As part of applying for this job are you prepared to undertake a Psychometric test if necessary?  Yes or  No

## CONSENT

I consent to undertake pre-employment checks if required, which may include drug and alcohol testing, police criminal history, police vetting, identity verification, NZ Immigration Services check and educational background verification.

Yes or  No

Under the Credit Check Privacy Code 2004 Kawerau District Council may obtain, through a third party agency, a credit report which will be used to assess your suitability for the job you are applying for. This report will be obtained if the job you are applying for requires you to undertake tasks which involve significant financial risk to us as your potential employer. This personal credit report will be used only in relation to the recruitment process for the job you are currently applying for and will be held on your personnel file if you are successful in securing the job or destroyed in the event you are not employed with us. Do you consent to us obtaining a credit check in relation to this application?

Yes or  No

Council may require verification of details you have provided if your application (qualifications and employment history). Do you consent to these checks being carried out by a third party as part of your application for this job?

Yes or  No

**Health and Safety**

The following information is sought to assist you with your work related health needs and to meet the requirements of the Health and Safety at Work Act 2015. Please contact the Council Office for further information if you are unsure about the hazards you may be exposed to in the job you are applying for.

**Health History**

Have you had, or are you currently suffering from any injury or medical condition that could affect your ability to perform the job you are applying for, or may be further aggravated by the tasks of the position?  Yes or  No

If yes, please give details: \_\_\_\_\_  
\_\_\_\_\_

Have you claimed compensation for any injury or accident in the past 5 years?  Yes or  No

If yes, please give details: \_\_\_\_\_  
\_\_\_\_\_

In the past 12 months, have you had any time away from work due to an accident or any health issue related to stress or other mental health condition?  Yes or  No

If **YES**, approximately how many days? \_\_\_\_\_  
Please give details: \_\_\_\_\_  
\_\_\_\_\_

**Medical**

If you are offered employment, the offer will be conditional to you obtaining a full medical clearance. Do you agree to undergo a medical examination?  Yes or  No

**Application Declaration**

I, \_\_\_\_\_(full name) declare that to the best of my knowledge the answers 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, or if I am employed, my employment will be terminated. I also understand that any false information given in relation to my medical history with regards to gradual process, disease or infection can result in my loss of entitlement for any compensation from ACC. I further understand that any offer of employment, if made, may be conditional on my obtaining a full medical clearance through the employer’s pre-employment medical.

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Address for Application: **CONFIDENTIAL: Application for Employment**  
**Chief Executive Officer**  
**Kawerau District Council**  
**Private Bag 1004**  
**KAWERAU 3169**