



CONFIDENTIAL

To be completed personally by Applicant

Note: The completion of this form does not indicate that there is any obligation on the Company to engage the applicant.

Purpose: This information is collected for the purpose of assessing your suitability for employment with Nelson Aquatics Ltd, which may include subsequent changes in employment with the Company.

PLEASE PRINT

Date of Application: / / **Position applied for:** _____

PERSONAL DETAILS:

Family Name: _____

Given Names: _____

Are you known by any other name(s)?: _____

Give details: _____

How do you like to be addressed?: _____

Date of Birth _____

CONTACT DETAILS:

Home Address: _____

Home phone No: _____ Mobile: _____ Other No (if any): _____

LEGAL WORK STATUS

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

On what grounds?:	A New Zealand Citizen	Yes/No
	A permanent resident	Yes/No
	A holder of a current work permit	Yes/No

EDUCATION:

Name of learning institute(s)attended (Include secondary schools, universities and further education where applicable).

Qualifications (school cert, university entrance, diploma, degree etc).

Do you have any other qualifications/certificates/licences/or attended any courses which are relevant to the position. (please give details)

Please provide your New Zealand Qualifications Authority Number if you are on the NZQA Framework.

LANGUAGES:

Can you hold a conversation in any language other than English? (please give details).

EMPLOYMENT HISTORY:

Present or most recent employer

Company: _____

Address: _____

Job Held: _____

Main duties: _____

No of hour's worked/week: _____ Length of service _____

Reason for leaving: _____

For the purposes of compliance with the Privacy Act 1993 do you consent to the Company contracting your present employer for the purposes of reference checking? Yes/No

Next most recent Employer

Company: _____

Address: _____

Job Held: _____

Main duties: _____

No of hour's worked/week: _____ Length of service _____

Reason for leaving: _____

Next most recent Employer

Company: _____

Address: _____

Job Held: _____

Main duties: _____

No of hour's worked/week: _____ Length of service _____

Reason for leaving: _____

Give details of any other job, which may be relevant:

Have you ever worked for this Company or an associated company before? Yes/No

If yes where and when: _____

Do you have secondary employment? Yes/No

If yes, please detail: _____

REFEREES: Give name, address and telephone numbers of at least two referees.

Name	Position	Address	Phone No.
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1.....
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If your application is successful when could you commence employment?: _____

GENERAL:

Do you have a **current** first aid certificate? Yes/No

Are you prepared to work shifts? Yes/No

Have you worked shifts before? Yes/No

Are you prepared to work overtime if required? Yes/No

Are you available weekdays? Yes/No

Are you available weekends? Yes/No

Have you been convicted of a criminal offence? Yes/No

If Yes, Please list: _____

Have you been the subject of a Diversion ordered by the courts? Yes/No

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

Do you have any Medical or health issues that will prevent you from performing your normal duties when at work? Yes/No

If Yes, Please list: _____

Are you prepared to handle all products, materials, or equipment use in the industry? Yes/No

Do you have a current drivers licence? Yes/No

If yes what class _____

Drivers licence No: _____

Do you have any demerit points or endorsements? Yes/No

Do you have any cases pending? Yes/No

If yes please detail: _____

Do you have a spouse, partner, relative or household member working here or elsewhere in the industry?

Yes/No

If yes, who?: _____

Where?: _____

What type of transport do you have for attending work? _____

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

Do you consent to the Company retaining the information contained in this application form for the purposes of considering your suitability for any other position, which may arise with this Company in the future?

Yes/No

DECLARATION

I declare that to the best of my knowledge the information provided in this application and in any resume enclosed is accurate and I understand that if any false or misleading information is given, or any material fact suppressed, I will not be employed, or if I am employed, my employment may 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 is conditional on my obtaining or already having a current first aid certificate (and lifeguard award or REP's registration if appropriate)).

Signed: _____ Date: _____



NAYLAND
PARK
POOL

CONSENT TO DISCLOSURE OF INFORMATION

Licensing & Vetting Service Centre
Office of the Commissioner
PO Box 3017
WELLINGTON

I,.....
(Surname) (Fore Names)

.....
(Maiden or any other names used)

Sex.....(M/F) Date and place of birth.....

Nationality..... Residential Address.....

Suburb..... City.....

NZ Driver Licence number

hereby consent to the disclosure by the New Zealand Police of any information they may have pursuant to this application, to. I understand that any record of criminal convictions I might have will automatically be concealed if I meet the eligibility criteria stipulated in Section 7 of the Criminal Records (Clean Slate) Act 2004.

Nelson Aquatics Ltd

Signed..... Date.....

COMMENTS OF THE NEW ZEALAND POLICE

A stamped, self-addressed envelope must accompany all requests.