



FREYBERG COMMUNITY POOL

CONFIDENTIAL

To be completed personally by the 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 Palmerston North Aquatics, which may include subsequent changes in employment with the Company.

PLEASE PRINT

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

PERSONAL DETAILS:

Family Name: _____
Given Name: _____
Are you known by any other name(s)?: _____
Give details: _____
How do you like to be addressed?: _____

CONTACT DETAILS:

Home Address: _____
Home Phone No: _____ Mobile: _____

LEGAL WORK STATUS:

Are you legally entitled to work in New Zealand?		Yes	No
On what ground?	A NZ 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, NCEA, university entrance, diploma, degree, etc)

Do you have any other qualifications/certificates/licenses/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:

For the purpose of compliance with the Privacy Act 1993 do you consent to the Company contracting your present employer(s) for the purpose of referencing checking?

Yes|No

Present or most recent Employer

Company: _____

Address: _____

Job Held: _____

Main duties: _____

No. Hour's worked/week: _____ Length of service: _____

Reason for leaving: _____

Next most recent Employer

Company: _____

Address: _____

Job Held: _____

Main duties: _____

No. Hour's worked/week: _____ Length of service: _____

Reason for leaving: _____

Next most recent Employer

Company: _____

Address: _____

Job Held: _____

Main duties: _____

No. 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.
1			
2			
3			

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 on weekdays? Yes|No
 Are you available on 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/criminal court of law? Yes|No
 Are you prepared to handle all products, materials, or equipment used in the industry? Yes|No
 Do you have a current drivers license? Yes|No

If yes, what class: _____

Drivers license number: _____

Do you have any demerit points or endorsements? Yes|No
 Do you have any cases pending?

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 purpose 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 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 is suppressed, I will not be employed, or if I am employed, my employment will be terminated. I also understand that if 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 life guard award or REP's registration if appropriate]).

Signed: _____

Date: _____

*We put leisure in your life
and life in your leisure*

Our Values Are:

• **Respect** • **Quality** • **Fun** • **Continuous Improvement** • **Innovation**