

Date of Application: _____

This application form is a source of information, which will be used by ADR to assist us in considering your suitability for the position for which you are applying. If successful, such information shall form part of the Company's personnel records. Failure to supply the information requested or incorrect/fraudulent information would prejudice the company's ability to assess your suitability for the position.

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

This information is collected for the purpose of assessing your suitability for employment at ADR, which may include subsequent changes in employment with the company

Application for Employment

Position Applied For:

If your application is successful, when could you commence employment:

How did you hear about the position?

Seek Trade Me Radio
ADR Website Facebook LinkedIn
Other

What are your wage/salary expectations?

Your Details

Surname:

First Names:

Preferred Name:

Are you known by any other name?

Physical Home Address:

Home Phone Number:

Mobile Phone Number:

Email Address:

Legal Work Status

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

As a New Zealand Citizen Yes No

As a Permanent Resident Yes No

As a holder of a current Work Visa (please attached a copy) Yes No

Qualifications (University, further education etc)

Please provide details of any University Degrees/Qualifications/courses:

Do you have any other qualifications/certificates/licences/professional memberships:

Employment History

Present or Most Recent Employer

Company:

Position Held:

Full or Part time Position:

Length of Service:

Reason for Leaving:

For the purposes of compliance with the Privacy Act 1993, do you consent to the company contacting your present employer for the purposes of reference checking should we have an employment offer for you. Yes No

Next Most Recent Employer

Company:

Position Held:

Full or Part time Position:

Length of Service:

Reason for Leaving:

Next Most Recent Employer

Company:

Position Held:

Full or Part time Position:

Length of Service:

Reason for Leaving:

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If successful in the role will you be undertaking secondary employment?

Yes No

If yes please detail:

Have you been the subject of disciplinary action or dismissed by a previous employer?

Yes No

If yes please detail:

Referees

Please provide your current manager and one other referee. Two referees are required.

Name	Company	Position	Contact Number
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

I _____ consent to the company 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 for the position for which I am applying. I understand that the information received by the Company is supplied in confidence as evaluative material and will not be disclosed to me.

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 future?

Yes No

If yes, please sign: _____ Date: _____

General Information

Have you been convicted of a criminal offence or have charges pending?

Yes No

What Transport arrangements do you have to attend your place of employment?

Do you have a current drivers licence?

Yes No

If yes, what class

Drivers Licence Number

Does your Drivers Licence have special conditions?

Yes No

Do you have any demerit points or endorsements?

Yes No

Do you have a spouse, partner, relative or household member working for Arthur D. Riley & Co. Ltd?

Yes No

If yes, who?

Can you think of anything including a medical issue, which may affect your regular attendance at work?

Yes No

Medical Information

Do you have a Vaccination Pass Yes No

Have you ever suffered from a back injury requiring time off work? Yes No

Have you had an Accident Compensation (ACC) claim in the last 12 months? Yes No

If yes, please detail:

Have you ever needed to take more than your annual sick leave allocation? Yes No

If yes, please detail:

Have you had an injury or medical condition caused by gradual process, disease or infection, for example, hearing loss, sensitivity to chemicals, repetitive strain injuries, that may be aggravated or further contributed to by the tasks of this job, or affect your ability to effectively carry out the functions and responsibilities of the position applied for? Yes No

If yes, please detail:

Do you have any other known condition which might put our employee or Customers and/or our clients customers at risk? Yes No

If yes, please detail:

Declaration

I DECLARE, that to the best of my knowledge the information provided in this application and my CV 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 immediately.

I UNDERSTAND that false or incomplete answers relating to my medical history could mean that I cannot receive any Accident Compensation (ACC)

Signed: _____

Date: _____

You are entitled to access this information upon request to the company's Human Resources Coordinator.

The Company may retain all information relating to unsuccessful applications for a period of up to 12 months from the date of this application. The above information is provided in accordance with the Privacy Act 1993.