



APPLICATION FORM

C O N F I D E N T I A L APPLICATION FOR EMPLOYMENT

(To be completed personally by applicant)

This information is collected for the purpose of assessing your suitability for employment within the Far North District Council which may include subsequent changes in employment within the organisation.

Date of Application	
POSITION APPLIED FOR	
Reference Number	
FAMILY NAME (SURNAME)	
Given Names (underline name used)	
Are you known by any other names?	Yes/No (please circle)
If so, please give details	
CONTACT DETAILS	
Residential address (home)	
Postal address (if different from above)	
Daytime phone number	
Evening phone number	
Mobile phone number	
Email address	

RESIDENCY STATUS	
Were you born in NZ?	Yes/No
Are you legally entitled to work in NZ?	Yes/No
EDUCATION	
Secondary School(s) Attended	
Name of School	
Years attended	
Name of School	
Years attended	
Highest secondary school qualification obtained	
Date	
Qualification	
Tertiary Education	
Name of Institution	
Dates attended	
Qualification completed	
Name of Institution	
Dates attended	
Qualification completed	
Please list details of any further qualifications/courses attended	
SKILLS	
Please list the skills you have that are relevant to the position	
MS Word	Basic/Intermediate/Advanced (please circle)
MS Excel	Basic/Intermediate/Advanced (please circle)
MS Outlook	Basic/Intermediate/Advanced (please circle)
Keyboard skills (typing)	Basic/Intermediate/Advanced (please circle)
Other	

EMPLOYMENT HISTORY	
Name of Employer	
Address	
Job Title	
Dates employed	
Name of Employer	
Address	
Job Title	
Dates employed	
Reason for leaving	
Name of Employer	
Address	
Job Title	
Dates employed	
Reason for leaving	
Name of Employer	
Address	
Job Title	
Dates employed	
Reason for leaving	
REFERENCES	
Can we contact your current employer for a reference? Yes/No	
Name of contact	
Position	
Organisation	
Phone number	
Address	
Email address	
Name of contact	
Position	
Organisation	
Phone number	
Address	
Email address	

GENERAL

I consent to the Organisation 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 organisation for the purposes of ascertaining and my suitability for the position I am applying for. Yes/No (please circle)

Signature

Date

Have you ever worked for the Far North District Council before? Yes/No

If yes, please provide details of the dates and position(s)

Do you have secondary employment? Yes/No

If yes, please provide details

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If your application was successful what date could you start work?

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Have you ever had any criminal convictions? Yes/No

If yes, please provide dates and details

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

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If yes, please provide details below

Do you have a current driver's license? Yes/No

Drivers License number

Class(es)

1 2 3 4 5 6 P F W R (please circle)

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

If yes, please provide details

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Do you have any relatives working at FNDC? Yes/No

If yes, please provide details of their name and relationship to you

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

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MEDICAL

Have you had an injury or medical condition caused by gradual process, disease or infection e.g. hearing loss, sensitivity to chemicals, repetitive strain injuries that may be aggravated or further contributed to by the tasks of this job? Yes/No (please circle)

If yes, please provide details

Are you aware of any known condition, serious injury or illness that may affect your ability to effectively carry out the functions and responsibilities of the position applied for? Yes/No (please circle)

If yes, please provide details

Do you agree to undergo a medical examination if required Yes/No

Do you consent to the organisation retaining the information contained in this application form for the purpose of considering your suitability for any other position that may arise in the future? Yes/No

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.

Signature _____

Date _____

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

VERY IMPORTANT:

Send your completed application in a stamped CONFIDENTIAL envelope to:

Human Resources
Private Bag 752
Memorial Avenue
Kaikohe 0440

email: recruitment@fndc.govt.nz
fax: 09 401 5214