WAIMAKARIRI
DISTRICT COUNCIL

215 High Street
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RANGIORA 7440
New Zealand

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JOB APPLICATION FORM

This information will form part of the personal file of successful applicants, otherwise the information will be destroyed in 12 months time unless you request its return.

POSITION APPLIED FOR: _____

SURNAME: _____

FIRST NAMES: _____

Full Postal Address: _____

_____

Telephone No: **Daytime:** _____ **Evening:** _____

REFEREES:

Give the name, address and telephone numbers of at least two Referees.

MEDIA ANALYSIS:

How did you **first** find out about this vacancy? (Tick one of the following options)

Waimakariri District Council Website ☐

Newspaper – The Christchurch Press ☐

Local Newspaper ☐

Employee referral ☐

Internet – Seek Website ☐
– Other Website (Specify) _____

Other: Please specify _____

LEGAL:

Are you legally entitled to work in New Zealand?

Please tick one Yes: ☐ No: ☐

Have you ever been charged or convicted of a criminal offence relevant to the position you are applying for:

Please tick one Yes: ☐ No: ☐

Do you have a current Drivers Licence? Yes: ☐ No: ☐

HEALTH:

Do you have any existing injury or medical condition that would be aggravated by performing the duties of the position applied for, for example Asthma, Occupational Overuse Syndrome, high blood pressure, back injury

Yes: ☐ No: ☐ If Yes, please attach details

Please give details of any other ailments or diseases and any ACC claims which may affect your performance in the position applied for.

_____

_____

How many days absence claimed due to sickness in your last 12 months of employment 0-5 6-10 11-15 16-20 Over 20 days

Privacy Act Provisions

I consent to the Council seeking verbal or written information on a confidential basis about me from my nominated referees and authorise the information sought to be released by them to the Council for the purposes of ascertaining my suitability for the position I am applying for.

I understand that the information received by the Council is supplied in confidence as evaluative material and may not be disclosed to me. The details on this application form will be retained by the Council unless I request otherwise.

Declaration

I _____ (full name) declare that to the best of my knowledge, the answers to the questions in this application and other information supplied are correct. I understand that if any false, or deliberately misleading information is given, or any material fact suppressed, I may not be accepted, or if I am employed, that I may be dismissed.

Please sign below as having read, understood and agreed to the provisions of this application form.

Signed _____ Date: _____