

Lakes Leisure



CONFIDENTIAL

to be completed personally by the applicant

APPLICATION FOR EMPLOYMENT FORM

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

Please answer the following questions in relation to your application or employment, which will assist Lakes Leisure Ltd to assess your suitability for the position. The questions being asked are relevant to the nature and type of work undertaken at Lakes Leisure Ltd and comply with the rights and obligations under legislation, including the Immigration Act 1987, the Health and Safety in Employment Act 1992, and the Human Rights Act 1993. The information will be used by Lakes Leisure Ltd to assess you for this purpose only.

Please Print

SECTION 1: GENERAL DETAILS

Date:

.....

Position applied for:

Personal details

Surname:

Forenames:

Home address:

.....

Daytime contact phone no:

Evening contact phone no:

Mobile contact phone no:

E-mail address:

Do you hold a current drivers license:.....Yes / No

SECTION TWO: QUALIFICATIONS AND EMPLOYMENT HISTORY

List all formal qualifications you have achieved which are relevant to this position:

Qualification	Length of study (give dates)	Relevant papers/subjects

List any other relevant training that you have completed:

Course	Length of study (give dates)	Description

Provide details of your present and previous employment. Please complete in full.

Name and address of employer	Duration of employment	Position and main duties	Reason for leaving

Have you ever been dismissed or left before being dismissed in previous employment? Yes / No

If yes, please give details:

.....

SECTION THREE: LEGAL REQUIREMENTS

Are you legally entitled to work in NZ?..... Yes / No

If you are legally entitled to work because you have a work permit, please indicate when that permit expires. [If successful in your application, we will request a copy of your work permit.]

Expiry Date:

SECTION FOUR: DISABILITIES OR MEDICAL CONDITIONS

Note: The Human Rights Act 1993 defines disability as; physical disability or impairment; physical illness; psychiatric illness; intellectual or psychological disability or impairment; the presence in the body of organisms capable of causing illness; any other loss or abnormality of a body or mind function; and reliance on a guide dog, wheelchair or other remedial means.

4a Do you have any disability of medical condition that would affect your ability to effectively carry out the tasks and responsibilities described in the job specification?

Yes / No

If yes, please provide details (please include any services or facilities which would allow you to carry out this role satisfactorily)

.....
.....
.....

4b Do you have or have you had any injury or medical condition caused by a gradual process, disease or infection which may be aggravated by the function and responsibilities of the job for which you have applied, and as it is described in the attached job specification?

Yes / No

If yes, give details:

.....
.....

4c Do you have any present or past injury for which you may or may not have claimed ACC and / or other insurance cover, likely to be aggravated by the job you have applied for?

Yes / No

If yes, give details:

.....
.....

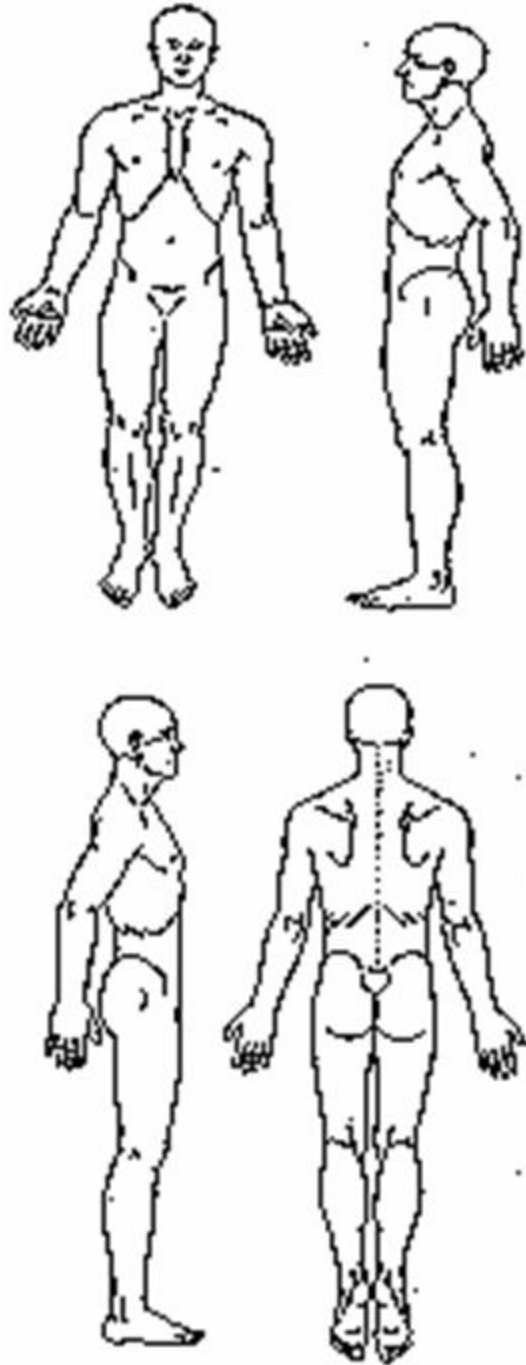
4d Have you suffered any injury to your neck, shoulders or back? Please detail and mark the attached drawing (on the next page) accordingly.

Yes / No

.....
.....

4e The following is a diagram of the human body. Please use all four diagrams to indicate areas of injury or discomfort.

- Shade in areas of pain
- Show arrows if pain moves
- Show bruising or marks



Please give an explanation below:

When did the injury occur?

.....

What was the cause?

.....

What treatment are you / have you been receiving?

.....

SECTION FIVE: CRIMINAL AND BANKRUPTCY HISTORY

5a Have you ever been convicted of any criminal offence, particularly relating to dishonesty, e.g., fraud, misappropriation of funds, within the last five years? Yes / No

5b Are you awaiting a hearing on any such charges? Yes / No

If you answered 'yes' to either 5a or 5b, then please give details:

.....

.....

5c Have you ever been declared bankrupt?

.....

Declaration and acknowledgement

This information is being collected to enable Lakes Leisure Limited to assess your suitability for this position and will be used for this purpose only. If you fail or refuse to provide information requested, then your application may be rejected by Lakes Leisure Limited. If you provide false or inaccurate information this will be considered serious misconduct and may result in dismissal should you be employed by Lakes Leisure Limited. Please also note that any false information given in Section four, entitled Disabilities or Medical conditions, may result in your loss of entitlement to earnings related compensation.

The Privacy Act provides you with the right to request access to and / or correct the personal information about you held by Lakes Leisure Ltd.

I _____ (full name) declare that to the best of my knowledge the information that I have provided is accurate and complete.

Signature:

Date:

Evaluation of Recruitment Advertising:

Please tell us how you found out about this position.

Advertised in (please state which publication):

Word of mouth arising from advertising (please state which publication):

CONSENT TO CONTACT REFEREES FORM:

Applicant name: Signature:

Position being sought: Date:

I _____ (full name) consent to Lakes Leisure Ltd or its representative seeking verbal or written information on a confidential basis about me from representatives of my previous employers and / or referees and authorize the information sought to be released by them to Lakes Leisure Ltd for the purposes of ascertaining my suitability for the position I am applying for. I understand that the information received by Lakes Leisure Ltd is supplied in confidence as evaluative material and will not be disclosed to me.

Yes / No

Name:

Current Position:

Relationship:

Company:

Contact numbers: (day)
..... (mobile or evening number if appropriate)

E-mail (preferable).....

Name:

Current Position:

Relationship:

Company:

Contact numbers: (day)
..... (mobile or evening number if appropriate)

E-mail (preferable)

Name:

Current Position:

Relationship:

Company:

Contact numbers: (day)
..... (mobile or evening number if appropriate)

E-mail (preferable)