

# EMPLOYMENT APPLICATION

Please answer every section of this employment application and ensure you return it with a COPY of your current C.V. and a covering letter either by post or email. If your application is successful the information in this application will be used to form part of your personnel file. If your application is unsuccessful then it will be retained for up to three months and then destroyed.

## Vacancy Details

Position applied for: \_\_\_\_\_  
First Name: \_\_\_\_\_  
Surname: \_\_\_\_\_  
Title: Miss / Ms / Mrs / Mr / Dr / Professor *(please circle)*

## Personal Details

Full Postal Address: \_\_\_\_\_  
City: \_\_\_\_\_  
County: \_\_\_\_\_  
Email: *(address we may contact you on)* \_\_\_\_\_  
Daytime phone number: \_\_\_\_\_  
Mobile: \_\_\_\_\_  
Home phone number: \_\_\_\_\_  
Is it ok to leave a message on these phone numbers? Yes  No   
If your application is successful when can you start / current notice period? \_\_\_\_\_  
How did you find out about this position? \_\_\_\_\_

## Legal entitlement to work in New Zealand

Are you a New Zealand Citizen/Permanent Resident or an Australian citizen? Yes  No   
If not, do you have a current Work Permit? Yes  No  Expiry Date: \_\_\_\_\_

NB: If you are successful in your application you MUST have the appropriate work permit prior to commencing.

## Qualifications

Qualification / Certification	Obtained from	Year obtained

I give my consent for Aqua Filter Products to obtain information about me from the academic qualifications included in my Curriculum Vitae in order to confirm my qualifications.

Yes  No

## Health and Safety

Do you suffer from or have you suffered from any injury or medical condition caused by gradual process, disease or infection, which the tasks of this job as listed in the job description may aggravate or contribute to? Yes  No

If yes, please provide details.

Have you any other injury or medical condition, which may affect your ability to effectively and safely carry out the functions and responsibilities of this position? Yes  No

If yes, please provide details.

Please list any devices, aids or equipment, which may be used to increase your ability to perform this role.

NB: In some situations, further or more specific medical information may be required depending on the needs of the position.

## Referees

*Please provide the names and contact details of three referees who may be contacted for a confidential reference. It is preferable that two of these referees are previous employers and have supervised or were senior to you in your most current employment.*

Referee Name:	
Position:	
Organisation:	
Employment relationship:	
Address:	
Contact Telephone:	
Email Address:	
Referee Name:	

Position:	
Organisation:	
Employment relationship:	
Address:	
Contact Telephone:	
Email Address:	

Referee Name:	
Position:	
Organisation:	
Employment relationship:	
Address:	
Contact Telephone:	
Email Address:	

## Criminal Offences

Have you been convicted as a result of criminal charges in New Zealand (excluding those convictions protected from disclosure under the Criminal Records [clean slate] Act 2004) or any other country?  
 Yes  No

Are there any charges pending against you? Yes  No

If you answered yes to either of these questions, please provide details.

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## Drivers License

Do you hold a current Drivers License?  
 Yes  No

What class of License do you currently hold?

## Declaration

I declare that the information I have provided in applying for this position is true and correct.

If I am the successful applicant, I understand that if the information I have provided in this application and my Curriculum Vitae is incorrect or if I have failed to provide relevant information for this role, my employment may be terminated.

Signature of applicant:		Date:	
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### **Applicant checklist**

- Application form completed
- Covering letter
- Copy of Curriculum Vitae

### **Acknowledgment of Application**

Please select either option one or option two regarding how you would like to be notified that your application has been received. (Tick option)

**Option 1:** By Post

**or**

**Option 2:** By Email

<b>Office use only</b>	Date received		
Actioned by		Actioned on	