



Employment Application Form

The information provided will be held securely for a minimum period of 12 months and used only by authorised members of the Bizlink Hawera Executive Committee (usually the relevant Manager, recruitment panel and the recruitment adviser/contractor) for the purposes of recruitment.

Your Details

Role applied for / positions interested in:	
Name	
Address	
Home phone	
Mobile phone	
Email address	
Best contact (text, email, phone):	

Personal Information

Are you a New Zealand/Australian citizen?	
Are you legally entitled to work in New Zealand?	
If you hold a current visa or work permit, please state the type and expiry date:	
What drivers licence do you hold?	
Do you have any criminal convictions or court action pending? (this does not include convictions subject to the Criminal Records (Clean Slate) Act 2004) If yes, please provide details:	
Do you have a family/whanau member, partner or relative who has a business relationship, or who is currently employed, with Bizlink or the South Taranaki Council? If yes, please provide details:	



Employment History: Please provide the following information regarding the last two positions held

Employer name	
Position held	
Key responsibilities	
Employment start date	
Employment end date	

Employer name	
Position held	
Key responsibilities	
Employment start date	
Employment end date	

References

Please provide below two work related references. By providing the references you are consenting to us seeking written or verbal information on a confidential basis about you from the nominated referees.

Name	
Contact details	
Nature of relationship	

Name	
Contact details	
Nature of relationship	



Education

What is your highest formal qualification?	
Please list any relevant qualifications you have relating to this role.	

Health

Do you have any health or physical conditions which may affect your ability to effectively carry out the functions and responsibilities of the position you have applied for?	
Do you agree to attend a medical examination if requested?	
Do you agree to attend a drug and/or alcohol test if required?	

Declaration

By signing and submitting this application form you are declaring that the answers to the questions in this application (as well as all other supporting documents) are true and correct. It should also be understood that on signing this form you are declaring that if any of the information is proved to be false or misleading, it may lead to the application being rejected or employment terminated.	
Your signature	
Date	