

APPLICATION FOR EMPLOYMENT

Return to: Human Resource Manager Timaru District Council PO Box 522 Timaru 7940

Telephone03 687 7200Fax03 687 7201

POSITION APPLIED FOR:

PERSONAL DETAILS									
NAME: MR / MRS / MISS / MS									
		SURNAME)			(FIRST NAMES)				
POSTAL ADDRESS:									
RESIDENTIAL ADDRESS:									
TELEPHONE: PRIVATE					USINESS				
DRIVER'S LICENCE	C	LASS(ES)							
		011411							
		QUALI	FICATIONS						
ACADEMIC		LOCATION	PR	TRADE/ OFESSIONAL	TRADE / LOCATION SSIONAL EXAMS		N		
OTHER TRAINING:									
		EMPLOYM		RY					
			EMPLOYMEN						
				1					
NAME:					21/21/5				
ADDRESS:									
	POSITION HELD:SINCE:_SINCE:_SIN								
KLT TASKS.									
		PAST F	MPLOYMENT						
INCLUDE ALL POSITIONS HELD, PERIOD	S OF FUL	L TIME STUDY, UI	NEMPLOYMEN	II, IRAVEL II	N LAST TEN YEARS:				
COMPANY / ORGANISATION		POSITION RE		REAS	ON FOR LEAVING	FROM	то		
		OTHER E	MPLOYMENT						
DO YOU HAVE ANY OTHER POSITIONS	WHICH Y	OU WOULD HOLD	CONCURREN	TLY WITH EN	NPLOYMENT IN THIS PO	SITION? PLE	ASE GIVE		
COMPANY / ORGANISATION		POSITION			HOURS WORKED - DAILY / WEEKLY				

REFEREES										
PLEASE GIVE DETAILS OF REFER	REES YOU AUTHORISE US TO CONTAG	ст·								
NAME	POSITION / RELATIONSHIP	ADDRESS	WORK/ CHARACTER	PHONE						
			CHARACTER							
MEMBERSHIP OF RELEVANT PROFESSIONAL ORGANISATIONS										
REASONS FOR APPLYING FOR THIS POSITION AND RELEVANT EXPERIENCE										
INCLUDE ANYTHING YOU CONSIDER MIGHT SUPPORT YOUR APPLICATION:										
	GEN	ERAL								
HAVE YOU HAD ANY INJURY OR MEDICAL CONDITION CAUSED BY GRADUAL PROCESS, DISEASE OR INFECTION WHICH THE TASKS OF THIS JOB MAY AGGRAVATE OR CONTRIBUTE TO? YES / NO										
IF "YES" TO THE ABOVE QUESTION , PLEASE GIVE DETAILS:										
HAVE YOU EVER BEEN DEALT W	ITH BY THE POLICE?	YES / NO								
IF "YES" GIVE BRIEF DETAILS:										
ARE YOU LEGALLY ENTITLED TO PERMANENTLY WORK AND RESIDE IN NEW ZEALAND? YES / NO										
PLEASE LIST ALL DOCUMENTATION ENCLOSED IN SUPPORT OF YOUR APPLICATION:										
DECLARATION										
[ULL NAME) DECLARE THAT TO THE BEST OF MY KNOWLEDGE, THE ANSWERS TO THE QUESTIONS IN THIS APPLICATION ARE CORRECT. I UNDERSTAND THAT IF ANY FALSE INFORMATION IS GIVEN, OR ANY MATERIAL FACT SUPPRESSED, I MAY NOT BE ACCEPTED BY COUNCIL OR, IF APPOINTED TO THE POSITION, MAY BE DISMISSED.										
SIGNED			DATE							