



## APPLICATION FOR EMPLOYMENT

### COMMUNITY SPORT ADVISOR

<p><b>CONFIDENTIAL</b></p> <p>You should provide complete information for each question, unless otherwise advised, regardless of whether you consider it relevant to the position for which you have applied. Failure to complete this form in the manner required may result in your application being declined.</p> <p><b>Collecting and holding personal information</b>          The information you provide on this application for employment form will be collected and held by:</p> <p style="text-align: center;">Sport Whanganui</p> <p><b>Purpose</b>          This information is collected for the purpose of assessing your suitability for employment with Sport Whanganui (this may include subsequent changes in employment within the organisation).</p> <p>If your application is successful this form will be retained on your personal file. If unsuccessful it, along with your other application papers, will be destroyed after 1 month.</p>	
<p><b>Your access to this information</b>          You have a right of access to personal information and to seek any correction you think necessary to ensure accuracy. You are however advised that any request for evaluative/opinion based material held on you will be declined.</p>	

### PERSONAL INFORMATION

<p><b>(Please print)</b></p> <p>First name(s): .....</p> <p>Family name: .....</p> <p>If you are known by any other names please record here:          .....</p> <p>Residential address: .....          .....</p> <p>Email .....</p> <p>Contact telephone No(s): .....          .....</p>	
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## EDUCATION AND QUALIFICATIONS

**(Including University, Further Education etc.)**

Name of Education organisation (e.g. School/College/ Training Establishment) of highest qualification achieved: .....

Number of years attended: .....

Qualifications/Standard of Achievement:

.....  
List other qualifications or formal attainments you consider relevant including the issuing authority e.g. Polytechnic, University or Private Training Establishment with the qualifications/standards of achievement and years of attendance:

1. ....

.....

2. ....

.....

.....

## EMPLOYMENT HISTORY

Please provide details of all previous employment, *and/or*  
Have you previously been employed by this company or in this industry?

**If yes, ensure details are recorded below.  
(Start with the most recent position)**

Yes:  No:

Name of Employer: .....

Address: .....

.....

Length of Service:

From: ..... To: .....

Position Held: .....

.....

Nature of Work: .....

.....

Reason for Leaving: .....

.....

## REFEREES

**Please state the details of referees you authorise us to contact to discuss your suitability for employment, preferably two work related referees and one personal referee**

Name: .....

Contact details - Phone ..... email.....

Occupation/Position held: .....

Name: .....

Contact details - Phone ..... email.....

Occupation/Position held: .....

Name: .....

Contact details - Phone ..... email.....

Occupation/Position held: .....

## GENERAL

<p>Have you at any time taken action against a current or former employer in order to resolve an employment dispute, including personal grievance action or other employment relationship problem.</p> <p>Do you intend to engage in other paid or voluntary work whilst employed in this position?</p> <p>Do you have a current drivers licence? If yes, what class? .....</p> <p>Licence No: .....</p> <p>Are you awaiting hearing of any charges for driving offences?</p> <p>Have you ever been charged with or convicted of a criminal offence?</p> <p><i>Note: you are not required to disclose any charges or convictions that are eligible to be suppressed under the Criminal Records (Clean Slate) Act 2004.</i></p> <p>If yes, further information relevant to potential employment may be sought at any subsequent interview.</p>	<p>Yes: <input type="checkbox"/> No: <input type="checkbox"/></p> <p>Yes: <input type="checkbox"/> No: <input type="checkbox"/></p> <p>Yes: <input type="checkbox"/> No: <input type="checkbox"/></p> <p>Yes: <input type="checkbox"/> No: <input type="checkbox"/></p> <p>Yes: <input type="checkbox"/> No: <input type="checkbox"/></p> <p>Yes: <input type="checkbox"/> No: <input type="checkbox"/></p>
<p>Do you have or are you aware of any likely commitments which may prevent you from attending your place of employment during normal work hours or affect your availability for overtime or work-related travel (eg sports, hobbies, special interests, education, training)?</p> <p>If yes, give brief details:.....</p> <p>Are you a member of a territorial force unit or volunteer fire brigade?</p>	<p>Yes: <input type="checkbox"/> No: <input type="checkbox"/></p> <p>Yes: <input type="checkbox"/> No: <input type="checkbox"/></p>
<p>Do you have a spouse, partner, relative or household member working in this company or elsewhere in the industry?</p>	<p>Yes: <input type="checkbox"/> No: <input type="checkbox"/></p>
<p>If your application is accepted, when could you commence employment?</p>	<p>.....</p>
<p>Do you have the legal right to work in New Zealand, either entitlement to permanent residence or a valid work permit? (Evidence will be required if you are interviewed for the position.)</p>	<p>Yes: <input type="checkbox"/> No: <input type="checkbox"/></p>

## HEALTH

<b>(Complete all questions.)</b>	
<p>Have you ever had an injury or medical condition or gradual process injury, disease or infection that may be caused by, aggravated or further contributed to by the tasks of the job which are listed below?:</p> <p>Do you have any condition which may affect your ability to effectively carry out the functions and responsibilities of the position applied for? If yes please specify: .....</p> <p>Tasks/responsibilities of position: ..... ..... .....</p>	<p>Yes: <input type="checkbox"/> No: <input type="checkbox"/></p> <p>Yes: <input type="checkbox"/> No: <input type="checkbox"/></p>
<p>Are you allergic to, or have sensitivity to, any substances or chemicals?</p>	<p>Yes: <input type="checkbox"/> No: <input type="checkbox"/></p>

<p>Have you ever suffered any back injury or back strain?</p> <p>Are you taking any drugs or medicine?</p> <p>If yes please specify:  .....</p> <p>If your application is successful do you agree to undergo blood and/or urine testing?</p> <p>Note: the test results must meet the company's requirements (separate information sheet available) that you are not likely to be influenced by drugs or alcohol while at work, and do not suffer any medical conditions which would be adversely affected by the work or workplace, before any offer of employment is confirmed.</p>	<p>Yes: <input type="checkbox"/> No: <input type="checkbox"/></p> <p>Yes: <input type="checkbox"/> No: <input type="checkbox"/></p> <p>Yes: <input type="checkbox"/> No: <input type="checkbox"/></p>
<p>If you are offered this position you may be requested to undertake a base-line medical examination to assess your health in relation to the tasks you may be undertaking during the course of your employment.</p> <p>Do you agree to the medical examination and the company holding this information?</p> <p>If you have answered yes to any of the questions in this under Health, please give detail how your ability to undertake the work will be or could be affected:  .....  .....</p>	<p>Yes: <input type="checkbox"/> No: <input type="checkbox"/></p>
<p>How many days absence in your last 12 months of employment were stated by you or a medical practitioner to be due to sickness, injury and/or accident?</p> <p>0-2 3-5 6-10 11-15 16-20 Over 20 days</p>	

**ADDITIONAL INFORMATION**

Do you have any additional information you consider relevant to the organisation's decision-making concerning hiring you for this position. For example, achievements, interests, aspirations, one-off commitments (e.g. for which you will require leave) or other background information pertinent to this position etc. If so, please list below or attach such information to this application form.

**SECTION 7 - DECLARATION**

I, ..... (full 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 for employment, or if I am employed, I may be dismissed.

Signature:.....

Date: .....