

## POSITION APPLIED FOR:

\_\_\_\_\_

(state position you wish to be considered for)

This application form will be used to assist us in considering your suitability for the position. You are welcome to send **copies of CV's** or supporting documentation as well however we cannot take responsibility for lost or damaged material so **please do not send originals**.

**Please complete this Application form and return by the closing date of the position you are applying for.**

Forward completed application forms to:

Job Applications  
Human Resources Advisor  
Hauraki District Council  
P O Box 17  
PAEROA

Or e-mail to: [jobs@hauraki-dc.govt.nz](mailto:jobs@hauraki-dc.govt.nz)

## PERSONAL DETAILS:

Surname: Mr / Mrs / Ms \_\_\_\_\_

First Names: \_\_\_\_\_

Name you are known as (if different from above) \_\_\_\_\_

Postal Address: \_\_\_\_\_

\_\_\_\_\_

E-mail Address: \_\_\_\_\_

Contact Phone No: \_\_\_\_\_ Alternative Contact Phone No: \_\_\_\_\_



**KNOWLEDGE AND SKILLS:**

Describe the skills you hold which are relevant to the position you are applying for:

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What attributes do you have that would reflect HDC values?

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What are your interests/hobbies/sports/clubs or community activities?

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**EMPLOYMENT HISTORY:**

Give details of your current or most recent employment first:

From ..... To .....

Company \_\_\_\_\_

Address \_\_\_\_\_

Job held \_\_\_\_\_

Main Duties \_\_\_\_\_

Hours Worked/Week \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

From ..... To .....

Company \_\_\_\_\_

Address \_\_\_\_\_

Job held \_\_\_\_\_

Main Duties \_\_\_\_\_

Hours Worked/Week \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

**EMPLOYMENT HISTORY contd:**

Give details of your next most recent employment:

From ..... To .....

Company \_\_\_\_\_

Address \_\_\_\_\_

Job held \_\_\_\_\_

Main Duties \_\_\_\_\_

Hours Worked/Week \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Give details of your next most recent employment:

From ..... To .....

Company \_\_\_\_\_

Address \_\_\_\_\_

Job held \_\_\_\_\_

Main Duties \_\_\_\_\_

Hours Worked/Week \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

**REFEREES:**

For the purposes of compliance with the Privacy Act 1993, do you consent to the Council contacting your current employer for the purpose of reference checking?

Yes/No

Give the name, address, email contact details and telephone numbers of at least two referees, preferably from where you have worked within the last five years.

*These referees may be contacted by Council for evaluative purposes.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If your application is successful, when could you commence employment?

\_\_\_\_\_

Have you ever worked for this Council before?

Yes/No

If yes, give details:

\_\_\_\_\_

Do you have any other employment which will continue if you are successful in gaining this position?

Yes/No

If yes, give details:

\_\_\_\_\_

**GENERAL INFORMATION:**

Are you prepared to work overtime if required? Yes/No

Do you have any civil or criminal convictions, not including any concealed under the Criminal Records (Clean Slate) Act? Yes/No

Are you awaiting the hearing of charges in a civil or criminal court of law? Yes/No

If answering yes to either of the above questions please provide details:

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Have you ever brought a personal grievance against a previous employer? Yes/No

Have you ever been through disciplinary action that resulted in a termination? Yes/No

If answering yes to either of the above questions please provide details:

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Are you able and prepared to handle all products, materials or equipment used in the industry? Yes/No

Do you have a current drivers licence? Yes/No

If yes, what class and number: \_\_\_\_\_  
Class number

Do you have any demerit points or endorsements which could affect your ability to drive a vehicle for the position? Yes/No

If yes, please detail: \_\_\_\_\_

Where did you see this position advertised?

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**MEDICAL INFORMATION:**

If you are offered employment, the offer is made subject to your obtaining a full medical clearance for the position following the completion of our pre-employment medical.

Do you agree to undergo a medical examination if required? Yes/No

Do you have any health related issues (including stress) that may impact on your ability to perform the tasks listed in the position statement for the job that you are applying for? Yes/No

Have you had an injury or medical condition caused by gradual process, disease or infection that may be aggravated or further contributed to by the tasks of this job? Yes/No

If answering yes to either of the above questions please provide details:

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**DECLARATION:**

I, \_\_\_\_\_  
(full name) declare that to the best of my knowledge the answers in this application are correct and I understand that if any false or deliberately misleading information is given, or any material fact suppressed which would affect my suitability for employment, I will not be employed, or if I have already been employed when the employer discovers the inaccuracy my employment will be terminated. I also understand that any false information given in relation to my medical history could result in my loss of entitlement for any compensation from ACC.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

You may attach a copy of your Curriculum Vitae and References to this application.  
Please note that only **COPIES** should be attached as we will not be returning originals.

*It is in your best interests to retain all original documents.*