

GISBORNE DISTRICT COUNCIL

Application for Employment

When applying for any position of employment you are required to personally complete and sign this Application for Employment Form. You may also submit a current Curriculum Vitae along with this form or any other documents supporting your application.

Please keep the Job Description for your information.

This application form is a source of information which will be used by the Gisborne District Council to assist in considering your suitability for the position, for which you are applying .

If successful, such information shall form part of your Personnel Records. If unsuccessful, your application will be retained by Gisborne District Council for 3 months only (for Privacy Act purposes). Please provide a stamped, self addressed envelope if you would like your CV returned. We will however, retain a record of your name and address for statistical purposes and possible future contact.

POSITION APPLIED FOR:

PERSONAL DETAILS:

Title: Mr / Mrs / Ms / Miss (*Please circle*)

Surname:

First Names:

Preferred Name:

Contact Address:

Postal Address:

(*If different to above*)

Telephone Private:

Business:

E-Mail Address/contact

Other Contact / Name:

Phone:

Are you legally entitled to work in New Zealand? **Yes / No** (*please circle*)

Medical: Do you suffer from any condition which might affect your ability to carry out the essential functions of this position in a safe and proper way or which might affect the safety of fellow workers? **Yes / No** (*please circle*)
If yes, please detail:

Have you had an injury or medical condition caused by gradual process, eg disease or infection. For example: hearing loss, sensitivity to chemicals, repetitive strain injuries? **Yes / No** (*please circle*)
If yes, please detail:

EDUCATION, TRAINING AND SKILLS				
Secondary Schooling				
	School	Qualification	Level Completed	Year Completed
1.				
2.				
3.				
University or Polytechnic Qualifications				
	School	Qualification	Year Completed	
1.				
2.				
3.				
Other Qualifications/Seminars Completed				
	Organisation/Provider	Details	Year Completed	
1.				
2.				
3.				
Additional Studies Planned (if any)				
	Organisation	Details		
1.				
2.				
3.				
Skills/Attributes				
List any specific skills or attributes you have relevant to this position. (Alternatively, you may want to identify skills and competencies in a cover letter, attached to this application.)				

APPLICANT TO COMPLETE (Please Print Clearly)	NOTIFICATION OF RECEIPT	
Name: _____	Your application for the position of	
Postal _____		
Address _____	has now been received by	
_____	Gisborne District Council.	
_____	Signed:	Date:

GENERAL:			
If successful, when would you be available to commence work? _____			
Please indicate how you heard	<i>Newspaper</i>	Yes / No	If Yes, which paper?
about this vacancy?	<i>Relative or Friend</i>	Yes / No	<i>Other (please state)</i>
Please declare any previous criminal conviction(s) that have a direct relationship to the role, functions and responsibilities of the position applied for eg money handling, verbal / physical violence, substance abuse etc.			
Do you know, or are related to, anyone currently working in the same section that you are applying to work in? Yes / No (please circle) If yes, please name: _____ Relationship _____			
In compliance with Council policies your financial interest in another business or organisation requires Chief Executive approval. If successful in securing this position, are you planning to continue with a financial interest, activities with any other business or organisation which may determine a "Conflict of Interest" to Council? Yes / No (please circle) If yes, please state nature of activity: _____			
Do you have a current Drivers Licence	Yes / No (please circle)	State Class/es:	_____
Any traffic accidents in the past 5 years?	Yes / No (please circle)		
Any infringements (other than parking):	Yes / No (please circle)		
If Yes, please state: _____			

DECLARATION:	
I certify that the information I have provided in this application form, and in any supporting documentation, is true and complete. I accept that any false or intentionally misleading information may be sufficient cause for this application to be rejected, or if I am appointed to this vacancy, could make me liable for dismissal.	
If my application is successful I agree to the following conditions:	
1	I will abide by the Council's policies, rules, regulations and the staff policies of the department to which I am appointed.
2	I understand that from time to time, by agreement, I may be required to transfer to an alternative or equivalent position or my job description may be reviewed and changed to reflect ongoing changes within the organisation/ position.
3	I will abide by Council's Health and Safety policy.
Signed _____	Date _____

PRIVACY ACT

The information provided on this form will be used to assist in assessing applicants for positions with the Gisborne District Council. The only staff having direct access to this information will be those in the Human Resources Unit and, at the time of selection, those to whom the position in question reports. If insufficient information is provided it may make it difficult to properly assess your suitability for employment. Under the Privacy Act 1993 you have the right of access to personal information about you held by the Gisborne District Council and you are also entitled to request information about you to be corrected.

EEO

The Gisborne District Council affirms its commitment to the principle of equal opportunity in the recruitment, selection, employment, training and promotion of it's employees and potential employees.