



APPLICATION FOR EMPLOYMENT FORM

PURPOSE

This information is necessary for the purpose of assessing your suitability for employment with the Clutha Licensing Trust, which may include subsequent changes in employment within the Trust.

Note: The completion of this form does not indicate that there is any obligation on the Clutha Licensing Trust to engage the applicant.

THIS FORM IS TO BE COMPLETED PERSONALLY BY THE APPLICANT
- Application to be completed in applicant's own handwriting -

Please Print

Date of Application ____ / ____ / 20 ____

Position Applied For _____

Reference Code (If applicable) _____

Premise _____

(i.e. Rosebank Lodge, Hotel South Otago, White Horse Inn, Clutha Liquorland, Catlin's Inn, Oak Tree Inn or the Clutha Licensing Trust)

Work Required Full time Part time Casual

Please tick days available: Mon ___ Tues ___ Wed ___ Thurs ___ Fri ___ Sat ___ Sun ___

DAY SHIFTS ONLY EVENING SHIFTS ONLY ANYTIME

Personal Information

Surname _____ (BLOCK LETTERS)

Given Names _____ (Underline Name Used)

Are you known by any other name(s)? _____

Address _____

Postal Code: _____

Date of Birth: ____ / ____ / ____

Country of Birth: _____

Contact No(s)

Home: _____ **Work:** _____

Mobile: _____ **Email:** _____

Do you have a current driver's licence? Yes No

Learner **Restricted** **Full**

License Number: _____ **EXPIRY DATE:** ____/____/____

Class(es) _____

Any pending traffic prosecutions? **YES** **NO**

Details Please: _____

Do you have a spouse, partner, relative or household member working here or elsewhere in the industry? Yes No

If YES, please supply details:

Trade Qualifications (Where applicable)

What trade certificates do you hold? (Certificates to be supplied)

EDUCATION (including university, further education, etc where applicable)

QUALIFICATIONS

Do you have any other qualifications/certificates/licenses or have you attended any course which you consider relevant for the position applied for? (Give details below)

EMPLOYMENT RECORD: ALL prior positions must be listed.

Recent Employment Experience: _____

Employer _____

Position Held: _____

Nature of Business: _____

Current Salary/Wage: _____

Salary/Wage Expectation: _____

Notice Period Required: _____

Dates of Employment: From ____ / ____ / ____ To ____ / ____ / ____

Reason for leaving _____

Duties/Tasks Relevant to Position:

Previous Employer _____

(Please use extra sheet if necessary)

Nature of work _____ **From** _____ **To** _____

Reason for leaving _____

Previous Employer _____

Nature of work _____ **From** _____ **To** _____

Reason for leaving _____

Previous Employer _____

Nature of work _____ **From** _____ **To** _____

Reason for leaving _____

CONSENT TO CONTACT REFEREES

I hereby authorise the Clutha Licensing Trust to contact the following individuals to act as my referees for the purpose of my application for the sated position under section 29 of the Privacy Act 1993.

SIGNED: _____

DATE: ___ / ___ / 20___

Personal

Referee Name: _____

Current Position: _____

Relationship: _____

Contact Numbers: _____

Work

Referee Name: _____

Current Position: _____

Relationship: _____

Contact Numbers: _____

Additional

Referee Name: _____

Current Position: _____

Relationship: _____

Contact Numbers: _____

Referee Name: _____

Current Position: _____

Relationship: _____

Contact Numbers: _____



Clutha Trust

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HEALTH & SAFETY MANAGEMENT SYSTEM
Section 3: Risk Management
Form 3.7

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PRE-EMPLOYMENT SCREENING

Declaration

I agree to complete this health questionnaire and if requested, I will also be available for a health assessment by an Occupational Health Nurse or Physician appointed by Clutha Licensing Trust. I undertake to give true and complete answers regarding my past and present health. I will not withhold any relevant information concerning this matter.

Any information given, known to be untrue may exclude me from employment or may be grounds for dismissal following appointment. I understand that any workers compensation claim arising from such information will be disputed. I understand that this record will remain confidential to Clutha Licensing Trust.

Name: _____ (please print)

Signed _____ **Date** _____

The intention of this questionnaire is to assess your ability to sustain the physical activity of this position.

Position Applied for _____

I understand that this position will require: (circle those which apply)

1. Working with machinery.

You will be required to use power tools and machinery therefore are you on any current medications? If so please list

Have you any Health Problems that would restrict your ability to undertake this work?

Have you ever had a work-related injury that could affect your ability to undertake this work?

2. Working in noisy areas.

Have you worked in noisy environments previously? If so, state where and for how long.

Do you have Noise Induced Hearing Loss? If so, please give details.

3. Computer use and in particular:

- a) **Word Processing**
- b) **Data Entry**
- c) **General Computer Use**

Is your vision impaired? If "yes", please detail _____

Do you wear prescription lenses? _____

Have you suffered any injury to your neck and/or shoulders? Please detail

If "yes" what elements of your working environment may aggravate your condition?

4. Repetitive Movements

Have you suffered any injury to any part of your body but more particularly your arm, wrist and hand that may be aggravated by repetitive activity? Please detail

Do you understand what Occupational Overuse Syndrome/Repetitive Strain Injury is? Yes/No

Have you incurred any OOS/RSI injury? Please detail

5. Lifting/Carrying

Have you suffered any injury that prevents you from lifting or carrying? Please detail

Are you aware of the correct way to lift? Yes/No

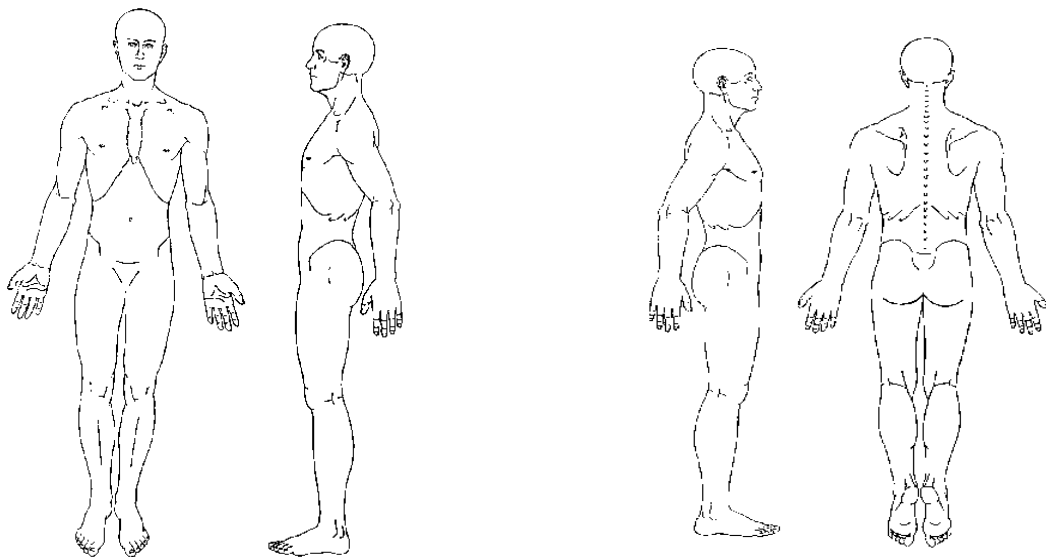
Have you sought treatment from a doctor for any back/neck/shoulder or OOS/RSI injury? Please detail

Have you ever required time off work for this injury? Please detail

6. Working with chemicals

Do you have any problems dealing with chemicals? Are you allergic to Latex? Yes / No If yes please give details:

Please mark on the figures below if you are currently or have had recently pain in any area related to the work you will be undertaking.



Thank you for completing this form. We look forward to a healthy and safe working relationship.

DISABILTIES OR MEDICAL CONDITIONS:

Do you have any disability or medical condition that would affect your ability to effectively carry out the tasks and responsibilities described either directly or in the job description?

Yes No

If yes, please specify

Do you have or have you had any present, or past injuries, medical condition, or health related matters caused by a gradual process, disease, or infection which may be aggravated by the functions and responsibilities of the job for which you have applied?

Yes No

If yes, please specify

Are you a smoker? Yes No

CRIMINAL HISTORY

Have you been charged with any offences in the last 5 years or are you currently awaiting trial on any offences?

Yes No

If yes, please specify

Sale of Liquor Act and Gambling Act Requirements Have you been declined 'key person' status in terms of the Gambling Act or declined a General Manager's Certificate in terms of the Sale of Liquor Act?

Is your financial position and credit rating sound? If unsure, give particulars.

Are you legally entitled to work in New Zealand? Yes No

Do you have a work permit? Yes No **If yes when does this expire?** ____ / ____ / ____
Work permits or evidence of authority to work in New Zealand may be requested.

Please supply the names and telephone numbers of at least two Referees

Please provide last employer and at least one previous employer.

OTHER EMPLOYMENT OPPORTUNITIES

Do you consent to the Clutha Licensing Trust holding your details on file for a period of twelve months in the event that your application is unsuccessful, in order to be considered for future positions that may arise?

Yes No

APPLICANT'S DECLARATION

I _____ (full name) declare that the above information is true and correct and authorise investigation of all information contained herein for the purpose of ascertaining my suitability for employment, including conducting credit and criminal record checks through the appropriate authorities and contacting referees and previous employers. I understand that if I have given false or misleading information or if I have left out any important information, I may not be considered for appointment. If I am appointed before any inaccuracies on this form are discovered, my employment may be terminated. I understand that in some situations, providing false information may amount to an offence under the Crimes Act. I understand that if I accept employment I will be required to sign an Employment Agreement.

I also understand that any relevant false information given may result in my loss of entitlement for any compensation from ACC.

I further accept that if I am successful in this application, that the information contained herein and any other information gathered in the course of my employment will be available to management.

I retain the right to inspect any such information held for the purpose of exercising my rights under the Privacy Act 1993.

If appointed, I agree to observe all rules, policies and procedures issued by the establishment.

Applicant's Name (Please Print) _____

Applicant's signature _____ **Date:** _____